Abstracts OF CLINICAL LECTURES IN SURGERY.

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ON PERFORATIONS OF THE PHARYNX.

THE consequence of the formation of unnatural openings in those canals of the body which are provided with muscles for propelling their contents is a frequent subject of observation. The contained matters escape through the aperture, and produce effects varying with their quantity, with their qualities, with the vehemence of their ejection, and with the structure which they invade. Blood, air, and some fluids are commonly innocuous; whilst urine and the heterogeneous materials from the digestive canal—some gaseous, some liquid, some solid—when they are extravasated, are most frequently destructive.

Though this occurrence is familiar enough in many parts of the body, it does not appear to have been sufficiently commented upon in the case of the pharynx. Indeed, I have been unable, in some surgical works which I have examined, to find any allusion to it. Yet the most serious and even fatal consequences do result from the ejection of foreign matters into the cellular tissues of the neck under the powerful action of the muscles of deglutition. My first object in this lecture accordingly is, to call attention to the fact that such extravasations from the fauces and pharynx do occur.

I say "most frequently" destructive; for there are circumstances in which they are not so. Even urine escapes sometimes, to the amount of several pints, without consequent sloughing: this occurs in cases of accidental rupture of the pelvis of a kidney, the secretion of which is healthy or well diluted. And there are circumstances in which the mischief produced by extravasations from the digestive canal is or may be limited to suppuration: this is particularly the case with the fauces and pharynx. My second object therefore is to advert to a practical conclusion, that the injurious consequences of perforation of the fauces and pharynx are to a certain extent under control.

Wound behind the tonsil, penetrating the pharyngeal fascia; extensive extravasation, with sloughing of the neck; phlebitis; fatal arterial hæmorrhage.

A young man died of arterial hæmorrhage from the mouth. He had had symptoms of phlebitis, with a wound or ulcer of one tonsil, and tumefaction at the side and back of the neck. I had seen him shortly before his death, when it appeared that he had wounded his throat with his tobacco-pipe. The injured part was smooth and spoon-shaped, not ragged. The man was entirely free from syphilis, his skin being fair and his aspect perfectly healthy.

At the post-mortem examination, the right side of the neck from the larynx to the occiput was found to be much swollen. The muscular and cellular structures in those parts were black, sloughy, and fetid. The destruction was greatest near the base of the skull, where a piece of the occipital bone, about half an inch square, was necrosed. A small part of the petrous bone, exposed in the slough, was in the same state. The ulcer in the tonsil was three quarters of an inch in length, smooth, and excavated; at its deepest part it opened upward through the pharyngeal muscles and fascia, and the hole connected it with the sloughy tissues outside the pharynx. The ulcer itself was not sloughy. A part of the internal jugular vein was so disorganized as to be indistinguishable; but its upper and lower portions were plugged with adherent coagulum, which in the higher part reached to the torcular Herophili. There was much vascularity of the brain, particularly at the pons Varolii and the cerebellum; and there was recent lymph between the cerebellum and the inflamed right lateral sinus. The only artery which could not be traced was the occipital, where it passed through the slough above the transverse process of the atlas. The right vertebral artery was sound.

This case is not unique. Another also came under my notice, in which mischief of the same kind followed a similar accident. For several days extravasation went on through the aperture in the fauces, and extensive sloughing and suppuration of the tissues of the neck ensued. The narrow end of the tobacco-pipe in this case was lodged in the common carotid artery; and when it loosened, arterial bleeding came on, of which the man died some days after the ligature of the common carotid. The case was detailed by Mr. Vincent in the Medico-Chirurgical Transactions (vol. xxix., p. 38).

Perforation of the pharynx by the superior cornu of the thyroid cartilage; extensive abscess in the neck; bronchitis and pneumonia; death.

Mr. Shaw has obliged me with the particulars of this case, which was admitted under his care on the 21st of Oct., 1862. An aged man, when mounting his horse, was thrown or fell over on the opposite side. His head was bruised, and one leg lacerated. About a fortnight after the injury an abscess appeared in the front of his neck, which was so large and extensive as to occasion dyspnœa. It was opened close to the pomum Adami, a great quantity of pus was evacuated, and the discharge continued for a week. He survived the injury till the end of December, when he died with bronchitis and congestive pneumonia.

On opening the pharynx, a circular aperture was found in its left wall. It was on the level of the top of the arytenoid, and precisely at the upper end of the left superior cornu of the thyroid cartilage. Its calibre was nearly that of a writing quill, and it was smoothly lined by inverted mucous membrane of the pharynx. Outside the pharyngeal muscles it opened into a large abscess, which separated the pharynx and part of the œsophagus from the left carotid artery, and, burrowing amongst the tissues of the neck in various directions, reached across the front of the larynx, trachea, and thyroid gland to the right. On that side of the neck it formed one large cavity, extending from the cornu of the hyoid bone to the sternum.

Wound of the pharynx with a fragment of straw; suppuration in the neck; removal of the foreign body through a sinus; recovery.

A man was under my care in the Middlesex Hospital some months ago having abscesses, both superficial and deep, in various parts of his neck. They were all acute, and excessively tender. He said that a piece of straw had pierced his throat somewhere behind his tongue. The aperture was beyond sight. The foreign body was eventually removed from one of the abscesses in the neck, and the man recovered. Although the wound in this man's pharynx was doubtless small, yet the food escaped through it, and appeared by its irritation to be a chief cause of the peculiar sensitiveness as well as of the first occurrence of the sinuses and abscesses in his neck.

Wound of the throat with a piece of toothed grass; abscess in the neck, from which the grass was extracted; recovery.

Mr. Hulke has informed me that a similar case occurred to him; and that he was able, after an abscess had formed, to extract the foreign body from it in the front of the neck. The patient seems to have been playing with this dangerous grass in his mouth, and, by successive acts of deglutition, to have forced it through the wall of the pharynx.

There were differences in these cases depending, probably, on the situation of the puncture, and, consequently, on the layers of cellular tissue which received the contents of the pharynx and fauces. And when, as in Mr. Shaw's case, the infiltration and suppuration of the textures detach the larynx from the superficial muscles and fascia, an additional obstacle is presented to the reparative process by the mobility of the parts. Such circumstances, however, do not alter or affect the principles on which all the cases should be treated. Wholly, or in part, the patient should be nourished by enemata. None but the blandest food should be given by the mouth. The pain attending every act of deglutition may render this caution superfluous, but some patients may need to be advised to abstain from whatever might irritate. Of every substance that enters the fauces a part must escape into the cellular textures of the neck, and these can only be injured by stimulating drinks and medicines—by brandy, or colocynth, or salt. Such matters, if required, should be administered by the rectum, whilst milk only, or such nutriments as jelly and arrowroot, which have the least solid residue when digested, should be swallowed. The quantity, also, of even these articles of food should be limited, since it is clear that the extent of the infiltration will

depend on this, as the severity of the injury will correspond with the nature of the misdirected aliment.

When the accident under consideration is known to have occurred, and the foreign body has not been extracted through the pharynx, the earliest abscess should be opened in the neck as soon as it is considered right to do so. Should the foreign body not come forward in the abscess, and any tendency to fresh suppuration appear, a careful search for it should be made in the abscess, under chloroform if necessary. The removal of the foreign body, providing and maintaining a free outlet for the contents of the first abscess, and avoiding the introduction of irritating foods into it, appear to be the best means of arresting the mischief, and of repairing it.

ON THE

ASSIMILATION OF FAT IN CONSUMPTION.*

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SOME years ago my attention was pointedly called to the dislike for fat in consumptive patients by having under my care a young Dutch butter-merchant, whose business required that he should be continually tasting butter, so that he estimated the quantity swallowed per day for several years at not less than a pound. At the time he consulted me he had become dyspeptic, unable to take the butter, subject to hæmoptysis, and I detected signs of early tubercle in his lungs. This led me to follow up the inquiry into the liking and disliking for fat in consumptive persons; and the results of my observations closely corresponded with those published directly afterwards by Mr. Jonathan Hutchinson, in a valuable suggestive paper entitled "On the form of Dyspepsia which often precedes and attends Phthisis." The subject of the assimilation of fat in consumption has more or less engaged my attention ever since; and last year I registered the liking and disliking for fat and sugar in a series of cases which came under my care at the Royal Infirmary for Diseases of the Chest. In 71 of these there were unequivocal signs of tubercle in the lungs; and the liking and disliking for fat and sugar may be seen in the following table:—

Seventy-one Cases of Consumption.

	1st Stage	2nd Stage	3rd Stage	Total	Mean Age.	Male.	Female.
Liked fat	7	6	3	16	33	9	7
Disliked fat	14	20	21	55	27	32	23
Liked sugar	14	15	17	46	30	29	17
Disliked sugar	8	10	7	25	26	12	13

Of the 16 who liked fat, 9 liked sugar and 7 disliked sugar. Of the 55 who disliked fat, 18 disliked sugar and 37 liked sugar. Of the 46 who liked sugar, 9 liked fat and 37 disliked fat. Of the 25 who disliked sugar, 18 disliked fat and 7 liked fat.

It may be seen by the table, that of those who liked fat only 19 per cent. were in the third stage of disease; whereas of those who disliked fat, 38 per cent. were in the third stage; while of those who liked sugar, 37 per cent. were in the third stage.

In the paper to which I have referred, Mr. Hutchinson analyzed 56 cases of consumption in different stages; and he found that about 71 per cent. disliked fat, and about 37 per cent. disliked sugar. If Mr. Hutchinson's cases and mine are added together, we have 127 cases in which about 74 per cent. disliked fat, and about 36 per cent. disliked sugar.

These results completely confirm the impression which both Mr. Hutchinson and myself have acquired from a much larger number of less exact observations—viz., that, as a general rule, persons suffering from consumption dislike fat.

With a view of testing by direct experiment whether this dislike for fat is due to a defect in the emulsifying properties of the pancreatic secretion, I determined to treat a series of cases of consumption at the Royal Infirmary with pancreatic juice artificially introduced into the digestive apparatus.

A number of practical difficulties presented themselves, many of which will be familiar to those who have experimented with pancreatic juice even on a small scale; but these were materially increased by the circumstance of having to keep up a constant supply to a number of patients, and by the patients being treated out of hospital, and, therefore, requiring to take home with them the quantity of medicament necessary to last till their next visit to the infirmary. Many different experiments were made before a plan was fixed upon which appeared practicable; and I cannot too warmly praise the care, skill, and intelligence of Mr. Heathorn,—a most promising young chemist in the establishment of Mr. Balmer, of St. John's-street-road,—who assisted me in overcoming these difficulties, and afterwards prepared the pancreatic juice all the time it was used at the infirmary.

The plan we finally decided to follow was, to prepare an emulsion of beef-fat with the pancreatic juice of the pig, of the consistence of thick Devonshire cream; to supply the patient with this emulsion in a covered jar holding a week's allowance, and to order each dose to be taken stirred in milk. The emulsion mixed with the milk without any difficulty, and in the proportion of half an ounce in a breakfast-cupful of milk was not at all an unpleasant drink.

Comparative specimens were prepared of cod oil and of beef fat, emulsified with liquor potassæ and with pancreatic juice, and submitted to microscopical examination.

The following report was made by my friend Mr. Farrants on specimens submitted to him.

Microscopical Examination of Emulsions of Cod-liver Oil and Beef Fat with Liq. Potassæ and with Pancreatic Juice.

DIAMETERS OF GLOBULES.

Cod-liver Oil and Liq. Potassæ:

α Largest ... $\frac{1}{250}$" ·0012" ... Not numerous.
β Commonest ... $\frac{1}{2500}$" ·0003" ... Very common.
γ Smallest ... $\frac{1}{10000}$" ·0001" ... As numerous as preceding.

Emulsion thin, readily separating into two layers.

Cod-liver Oil and Pancreatic Juice:

α Largest ... $\frac{1}{333}$" ·0030" ... In considerable number.
β Commonest ... $\frac{1}{1250}$" ·0008" ... Common.
γ Smallest ... $\frac{1}{16666}$" ·00006" ... Abundant.

In this emulsion larger globules occur, and are more common than in the first. The smallest met with are smaller and in much greater number than in the potash emulsion. The oil is more minutely divided; the emulsion is thicker and more permanent.

Beef Fat and Liq. Potassæ:

α Largest ... $\frac{1}{1666}$" ·0006"
β Commonest ... $\frac{1}{2500}$" ·0004"
γ Smallest ... $\frac{1}{10000}$" ·0001"

But few clearly-defined globules distinguishable. The fat is almost entirely saponified.

Beef Fat and Pancreatic Juice:

α Largest ... $\frac{1}{1666}$" ·0007" ... Not numerous.
β Commonest ... $\frac{1}{2500}$" ·0004" ... Far most common.
γ Smallest ... $\frac{1}{10000}$" ·0001" ... Uncommon.

Emulsion fairly uniform. No tendency to separate.

The liq. potassæ emulsions differed greatly from those with pancreatic juice, the latter being much more complete and permanent emulsions, the former being more or less complete soaps. The smallest globules seen were those of cod-liver oil and pancreatic juice—viz., $\frac{1}{10000}$ of an inch, which were abundant. This would probably have been the best for my experiments; but I selected the beef fat emulsion in preference, in order that there should be no confusion between the ordinary effects of cod-liver oil and the effects of the pancreatic juice.

The beef-fat emulsion remained complete after standing two days, mixed with pepsine, hydrochloric acid, and water.

As I do not propose on this occasion to enter into a discussion of the facts produced, but simply to submit them to the consideration of others, it will not be necessary to make any further introductory remarks, except to mention, in explanation of some things that may be noticed in the following analyses of the cases—1st, that the experiments were made upon out-patients; 2nd, that an out-patient's letter at the Royal Infirmary only lasts eight weeks. Those who have attempted to keep notes of cases amongst out-patients know how difficult it

* We regret to be unable to find space for the long and elaborate tables and notes appended to this paper, and containing the observations on which it is founded.—ED. L.

is to do so satisfactorily; how much trouble is often thrown away, by patients, who think they are getting well, discharging themselves without giving the physician the opportunity of making the final report necessary to show the progress of the case. It often happened so in my cases, and they had to be discarded from the tables, although it will be seen that I have retained a few in which all the points were filled up except the last. Some cases had to be rejected after they were completed, in consequence of facts turning up in their course which made it doubtful whether the original diagnosis of consumption was unquestionably correct. With these exceptions, no selection was exercised; the cases were taken for experiment in the order in which they applied for admission, and the particulars registered under the following principal headings:—1, Name; 2, occupation; 3, age; 4, sex; 5, condition on admission (*a*, general symptoms; *b*, physical signs); 6, condition on discharge (*a*, general symptoms; *b*, physical signs); 7, quantity of emulsion taken per day; 8, how long continued; 9, effects; 10, effects of cod-liver oil; 11, other treatment; 12, notes.

The results of treatment in the 33 cases retained for analysis may be seen in the following—

Summary of 33 cases of Consumption treated with Pancreatic Emulsion of Beef Fat:—

7 cases in the 1st stage—Condition on discharge measured by the general symptoms: Improved, 7; stationary, 0; worse, 0; no final report, 0.
Condition on discharge measured by physical signs: Improved, 0; stationary, 7; worse, 0; no final report, 0.
Emulsion agreed, 6; emulsion disagreed, 1.
Cod-liver oil agreed, 3; disagreed, 1; not tried, 3.

14 cases in the 2nd stage—Condition on discharge measured by the general symptoms: Improved, 9; stationary, 2; worse, 1; no final report, 2.
Condition on discharge measured by physical signs: Improved, 8; stationary, 2; worse, 2; no final report, 2.
Emulsion agreed, 14; emulsion disagreed, 0.
Cod-liver oil agreed, 5; disagreed, 5; not tried, 4.

12 cases in the 3rd stage—Condition on discharge measured by the general symptoms: Improved, 8; stationary, 0; worse, 3; no final report, 1.
Condition on discharge measured by physical signs: Improved, 5; stationary, 1; worse, 3; no final report, 3.
Emulsion agreed, 10; emulsion disagreed, 2.
Cod-liver oil agreed, 5; disagreed, 5; not tried, 2.

The whole 33 cases measured by general symptoms: Improved, 24; stationary, 2; worse, 4; not noted, 3.
The whole 33 cases measured by physical signs: Improved, 13; stationary, 10; worse, 5; not noted, 5.
Emulsion: Agreed, 30; disagreed, 3.
Cod-liver oil: Agreed, 13; disagreed, 11; not tried, 9.
Average quantity of emulsion taken by each patient about 1 oz. avoirdupois in 1 pint of milk each day for eight weeks.
The 33 patients consumed about 105 lb. of emulsion, which required 315 pancreases to emulsify the fat.

Harley-street, Sept. 1864.

THE FEVERS OF JERUSALEM:

SOME ACCOUNT OF THEIR NATURE, CAUSES, AND TREATMENT, AS OBSERVED IN THE YEARS 1861, 1862, AND 1863.

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(*Concluded from page 265.*)

Ague.

EVERY variety of intermittent fever is met with in the Holy City. We have quotidians, tertians, quartans, double tertians, double quartans; agues without a cold stage, without a hot stage, without a sweating stage; agues returning every fortnight, every month, or at irregular intervals; besides a large class of cases in which pains in the legs, headache, or other nervous symptoms, recur periodically, and are cured by antiperiodic remedies. Of 1666 cases of febrile disease attended at the English hospital in the year 1862, 1147, or 68·8 per cent., were intermittent. The relative frequency of the several forms is shown in the following table.

1862.	Quotidian.	Tertian.	Quartan.	Irregular.	Unknown.	Total.
	Per cent.	Per cent.	Per cent.	Per cent.	Per cent.	Per cent
1st Qr.	15·	36·	6·9	24·4	17·4	99·7
2nd Qr.	17·3	24·7	13·2	22·3	22·3	99·8
3rd Qr.	25·3	18·4	11·3	8·6	34·3	97·9
4th Qr.	40·8	22·9	12·6	13·6	10·	99·9
Year.	29·2	22·	11·6	13·	23·7	99·5

In the year 1863, 1306 cases of fever were entered on the books, of which 931, or 71·2 per cent., were intermittent. The proportion of the several forms was as follows:—

1863.	Quotidian.	Tertian.	Quartan.	Irregular.	Unknown.	Total.
	Per cent.	Per cent.	Per cent.	Per cent.	Per cent.	Per cent
1st Qr.	12·	24·8	16·5	5·2	41·3	99·8
2nd Qr.	24·6	14·	2··	14·	21·1	99·7
3rd Qr.	20·6	16·	9·1	10·3	43·6	99·6
4th Qr.	37·7	21·5	10·3	10·1	20·2	99·8
Year.	27·2	19·3	13·3	10·	29·9	99·7

It may be remarked, in passing, that 1862 was a very sickly year, and that the per-centage of intermittent fevers was somewhat lower in consequence of the occurrence of a large number of cases of febricula.

According to Dr. Copland, agues are most prevalent in spring and autumn, the tertain is more frequent than the regular quotidian, and the quartan more common in the autumn than in the other seasons. Neither of these rules is applicable to Jerusalem. Here agues occur at every period of the year, are rarest in the first quarter—that is, during the height of the rainy season,—increase in frequency during the summer and autumn months, and are cut short by the advent of the rains in October or November.

Table showing the number of cases of ague in different quarters of the year.

	1862.	1863.
1st Quarter	86	133
2nd ,, ...	121	142
3rd ,, ...	521	261
4th ,, ...	419	395

The suddenness with which a copious fall of rain ameliorates the medical constitution, and diminishes the prevalence of febrile disorders, is very remarkable. But a more moderate fall, as of an inch or an inch and a half, followed by warm dry weather, produces an opposite condition, and increases considerably the amount of sickness. Also the slight showers, just sufficient to wet the surface of the ground, which now and then occur during the summer, are very injurious, and the Arabs have a saying that each drop of such a shower is an ague. From some cause which I am unable to explain, quotidians are here more frequent than tertians. Quartans are most common during the prevalence of the rains and in the early summer; in both 1862 and 1863 the largest proportion occurred in the second quarter.

One of the most troublesome of the irregular forms of intermittent fever is a kind of febricula which comes on every night without cold or shivering, and passes off again towards morning without a sweat. This is especially common in children and delicate women. Another obstinate form is marked by a constant coldness and clamminess of skin, with sluggishness of the secretions, loss of appetite, and debility. Periodical pains in the knees and calves of the legs in persons who have had much ague, and fits of ague after Syrian fever, are often difficult to remove. But of all the forms of intermittent fever uncomplicated with enlargement of the spleen, those in which an attack occurs at intervals of ten days, a fortnight, or a month, are the most intractable, and a long course of careful treatment is usually required for their removal. In some rare instances two fits of ague occur daily for several days in succession, forming what may be called a double quotidian.

More or less disturbance of the functions of the liver and stomach, and probably of the spleen also, accompanies almost every attack of ague, and sometimes this goes on to the esta-

blishment of chronic derangement, or even structural change. The liver may become increased in size, or an abscess form in it. Enlargement of the spleen is of very common occurrence, especially in women and children. Leucocythæmia, with œdema of the legs and ascites, leading eventually to a fatal issue, are the natural results of long-continued ague, and very frequently to be observed in Jerusalem.

The cause of ague is undoubtedly *malaria*, whatever that may be. But there are many other predisposing and determining causes, which it is of great importance to ascertain and guard against. Of the predisposing causes, two only require mention. 1st. Previous attacks of the disease. Whether it be from a kind of habit into which the system falls, or from some other cause, daily experience here confirms the often-observed fact, that, so far from conferring an immunity from future attacks, ague certainly renders those who suffer from it more and more liable to its return. 2nd. A low state of vital power, however induced. Unlike some tropical fevers, ague does not choose its victims from among the robust and strong, but from among those whose systems have become debilitated—in whom the powers of life have been diminished by scanty food, by cold, by depressing passions, and the like. Of other circumstances, which either strongly predispose to ague, or act as determining causes, sleeping in a damp room and without a bedstead, especially if the room be on a ground-floor and have a well under it, very commonly leads to an attack; also neglecting to take exercise outside the walls of the city, or indulgence in such articles of diet as disorder the digestive functions. A chill from any cause, as from exposure to the evening breeze after walking, or to the dews of night, which are here very abundant, fits of anger, vexation, or grief, frequently induce ague.

The cure of ague is often no easy matter in a place where people are all the year round exposed to its causes. First attacks are of course removed at once by the administration of a purgative and a sufficient quantity of quinine; but when the system has suffered from a frequent recurrence of the disorder quinine will only put a stop to the fits for a short time. The treatment then becomes more difficult, and the ingenuity of the practitioner is often taxed to the utmost in the endeavour to devise means of permanently restoring the health. My experience of specific remedies has been that quinine is the only one to be relied on. Arsenic, given to the extent of fifteen minims of Fowler's solution daily, has almost always failed, even when its use has been pushed so far as to produce gastric irritation and pain. A combination of quinine with arsenic has sometimes done good, but apparently not more than the quinine by itself would have done. Decoction of olive bark has given me no encouragement to persevere in its use. One old man got rid of his ague whilst taking it, but the disorder returned in a couple of weeks, and quinine had to be given to cure it. Some remedies in use amongst the natives are, perhaps, not quite devoid of efficacy. Of these, a cold infusion of the twigs and leaves of the mastich tree is the most serviceable. A labiate plant called by the Arabs, *kummundra*, (German, *gamander*; English, *germander*,) and another which appears to be a variety of white horehound, have occasionally been employed in a similar way with apparent benefit. But in obstinate cases of ague it is not so much to specific drugs as to the state of the general health of the patient that attention should be directed. Experience has shown me that in every instance of intractable ague, either some fault is present in the system, which must be discovered and removed, or something in the circumstances in which the sufferer is placed with reference to dwelling, occupation, food, and so on, is injurious, and requires to be remedied before the fever can be permanently got rid of.

In one class of cases a congested state of the liver, spleen, and other abdominal organs appears to exist, and when this has been relieved by the exhibition of moderately-powerful saline purgatives for a week or a fortnight, and by careful abstinence from stimulating articles of diet, a few strong doses of quinine will usually complete the cure. In other examples the signs of congestion are not so obvious; but there is a sluggishness of the natural functions, indicated by coldness of the skin, a slow pulse, constipated bowels, and in females by irregular and insufficient menstruation, which requires brisk cathartics, active exercise, cold bathing, friction of the surface, and so on, for its removal. A blue pill and senna draught given twice a week is often useful if the patient be strong; or the compound decoction of aloes combined with sulphate of magnesia may be administered three times a day until an improvement occurs. Sometimes colchicum is a useful addition to the other medicines. In another class of cases anæmia is the condition against which our remedies must be directed. Tincture of steel or the compound iron mixture may here be given, and the patient enjoined to live well, and to take daily exercise, either walking or riding, outside the city. A pill composed of sulphate of iron, mastich, and blue pill, given twice a day, with an ounce of white mixture, is often of service where anæmia appears to be combined with internal congestion. When diarrhœa exists, it is seldom advisable to stop it hastily. We should rather regard it as a salutary effort of Nature to relieve a congested state of the mucous lining of the bowels, or of other abdominal organs, and encourage it for a few days by the administration of small doses of castor oil with gum-water or egg. The same may be said of hæmorrhage from the bowels, which frequently accompanies agues that have been long protracted. If, however, either hæmorrhage or looseness proceed so far as to weaken the patient in a marked degree, astringents must not be withheld. Whilst pursuing any such course of treatment we must not be turned aside by the occurrence of paroxysms of fever. A well-marked fit of ague is often a sign that the system is returning to a more healthy condition. The plan is to go on until the general state of the patient is improved, and the functions have become regular, and then by a few strong doses of quinine to seek to cut short the disease. Worms are exceedingly common in this country, especially lumbrici, and if there is reason to suspect their presence, a vermifuge should be given.

The prophylaxis is equally difficult and important. To lay down rules is, indeed, easy; but poverty and the demands of business too often prevent their being followed. If possible, every person should sleep outside the city for at least two months of every year; but as this is manifestly impracticable for the great majority of people, it becomes a matter of no small importance to ascertain by what means health may most surely be preserved without this measure. The rules I have been led to adopt are as follows:—

1st. To take active exercise every day outside the walls.

2nd. To let the diet be nourishing, plain, and regular. To abstain from those foods which are likely to disorder the stomach, and not to drink large draughts of water, especially after eating fruit.

3rd. To guard against sudden chills and fits of anger. To keep the mind cheerful, and, so far as may be, free from anxious care.

4th. To avoid exercise in the heat of the day during summer, and to have the head protected from the rays of the sun by an umbrella or a turban.

5th. Not to sleep on the ground-floor.

6th. To take a cold bath every morning on getting out of bed, and a few minutes' brisk exercise immediately afterwards. As regards diet, every person must learn from his own experience what is good for him. One may eat with impunity, or even advantage, what leads to an attack of ague in another. Eggs, ham, beer, cheese, milk, fresh figs, melons, grapes, coffee, all these are said to produce ague, and no doubt persons may be found who can never take one or more of them without risking an attack; yet many other persons may eat any or all of them with safety. The Arabs say that eating grapes and drinking water immediately afterwards will cause ague, and I have reason to believe that the opinion is well founded.

Typhus and Typhoid.

Typhus has happily been rare in Jerusalem during the last three years, and the only circumstance in connexion with it to which allusion need be made is the modification which it undergoes from miasmatic influence. In all the cases the febrile heat has been paroxysmal, more or less sweating has occurred, and the patient has often been quite cold.

Typhoid also has occurred less frequently than might be expected from the filth and bad odours with which the city is pervaded. Europeans and other immigrants would appear to be more liable to this form of fever than the natives; at least, the greater number of those who have come under my care have been strangers. In white-skinned people the disease presents the same symptoms and runs the same course as at home, excepting only that the fever is sometimes temporarily alleviated by a sweat, or a chill comes on in which the nose, ears, and extremities become cold and blue. In the summer of 1862 a fever of a bad type broke out in the Abyssinian convent, which was at that time very dirty and overcrowded, and carried off between 30 and 40 of its 120 inmates. Many of these cases were admitted into the German Hospital, and I had thus an opportunity of watching with some care the modifications which the disease assumed.

CASE 1.—Abd et Talût, an Abyssinian from the convent, on the sixth day after admission refused to swallow anything, and could not speak, though he seemed to understand something of

what was said to him. He lay upon his back with his knees drawn up, had a cool skin, and a pulse of 110, rising in the evening to 120. His bowels were open once in the course of the day. Next day the pulse fell to 96 in the morning, and 84 in the evening. The bowels were three times open; the skin was cool; he asked for water. On the ninth day (from admission) the pulse became intermittent, and fell in the evening to 64; his bowels were twice relieved; the skin was cool and moist. On the eleventh day, the pulse had risen to 104, and continued intermittent; the tongue was moist, the skin cool, and the bowels open. On the thirteenth day the pulse was 128, and no longer intermittent; an ulcer appeared upon the right cornea. On the fourteenth and fifteenth days he was delirious and violent; bowels confined; pulse somewhat under 120. When undisturbed, he lay on his back, constantly moving about his tongue, and hawking and trying to spit. The pupils were irregular and sluggish; he ground his teeth, and could not or would not swallow. On the sixteenth day after admission he died.

CASE 2.—Another Abd et Talût, whilst recovering from an attack of this fever, was suddenly seized with violent tetanoid convulsions. The sensorium was scarcely affected, but the spasms were so violent that it was with difficulty he could be kept on the bed; they were principally opisthotonic. He was bled, took calomel and antimony, and eventually recovered.

CASE 3.—Silas, another of the same class of patients, went through a severe attack of the fever, and had an immense swelling of the right parotid, which afterwards suppurated.

CASE 4.—Abd el Miriam got a severe beating, which confined him for some days to a wretched unventilated hovel in which he lived. He came into hospital with symptoms of continued fever, and recovered after a severe illness of about twenty days, during which he had sudamina, but no maculæ or diarrhœa.

These cases, and many more like them, were so different from ordinary typhoid that I could only identify them by the negative argument that they were not typhus. At length the following case occurred, which placed the matter beyond doubt.

CASE 5.—Salim, also an Abyssinian from the convent, after being very ill with fever of the same type for somewhat more than a week, had a copious eruption of small, roundish, slightly raised spots, pinkish in colour, over the face, hands, and fore part of the body. Three or four large flat pustules, like favi, also appeared upon the scalp and face. These continued without change until his death, which took place on the eleventh day after admission, and (probably) the fourteenth of the disease. This eruption appeared somewhat more raised above the surface than maculæ usually are, but in other respects it was quite similar. The occurrence of pustules is interesting. There was in this man a tendency to putrefaction and a degree of congestion of internal organs unusual in ordinary typhoid, and his case reminded me forcibly of the descriptions of the milder and irregular forms of plague. In one instance of fever which I was called to see in consultation, there was a suppurating bubo in the left groin. Is it possible that a connexion may one day be made out between aggravated typhoid and the plague?

This outbreak of fever amongst the Abyssinians was not without interest in reference to the exciting causes of the disease. It occurred at a time when, as has already been said, the convent was overcrowded; and the foulness of the rooms in which the inmates were accustomed to sleep can scarcely be conceived. One large room had no window, and the low door was usually kept shut, so that neither light nor air could enter. In this the poor creatures lay, packed closely side by side, on skins or mats, amidst an indescribable profusion of vermin. Those who were too ill or too idle to go out passed their motions in the room, and thus the abominable odour which resulted from so many persons being huddled together was made still worse. The other apartments were almost as bad, and the small windows with which they were furnished were blocked up with bundles of rags. The diet of the Abyssinians is at all times scanty and innutritious, consisting chiefly of a kind of gruel made from wheat, and of a small quantity of rice or bread. A great influx of pilgrims, which took place without a corresponding increase in the finances of the convent, caused them to suffer still greater privations. Enfeebled and dispirited, they preferred staying all day in their wretched dwelling to going abroad, where they might breathe fresh air; and in this way the causes of fever accumulated around them until at length nearly a third of their number fell victims. Things got so bad that it was feared all would die unless something were done. Accordingly the whole range of buildings was thoroughly cleansed and whitewashed, when the fever at once disappeared. The water of this convent is not worse than that of the houses around. At the time of the outbreak typhoid was not prevailing in any other part of the city, nor did it spread beyond the convent, or communicate itself to the nurses and other attendants. It should be mentioned that many of those who suffered in this epidemic had severe diarrhœa. One other example of fever, as it affects the coloured races, may be added. In my own mind I have no doubt that it was a case of typhoid, but I am only led to this conclusion by the certainty that it was neither typhus nor cerebral inflammation.

CASE 6.—Nurjan, a black slave, aged about twenty, very strong and muscular, was admitted on the 4th of May, 1863, with the ordinary symptoms of fever. No diarrhœa; no spots. Next day he suddenly became furiously delirious, beat the nurses, tore the bed and bedding, and was so unmanageable that the restraint of a jacket had to be employed. Three hours afterwards, when I saw him, he was maniacal; pulse small and weak, beating about 150 in a minute, but it could not be counted accurately because of his restlessness. The bowels had been open once. Tartar-emetic and calomel were administered, and followed by a slight abatement of his violence. Afterwards leeches were placed over the temples. Depressant treatment was continued for three days, during which time he became somewhat quieter, but did not sleep. Morphine, in doses of a twelfth of a grain, was administered with good effect. After a protracted illness, during which he was insufferably noisy, violent, and angry, he recovered sufficiently to leave the hospital, but remained for a long while in a semi-idiotic state, walking about naked, and making himself the sport of boys and idlers. The Arabs applied the actual cautery to the back of his neck, and apparently with some benefit, as he subsequently recovered his reason, and is now employed as a porter in the shop of a European merchant.

It will be seen that the peculiarities which the disease manifests when occurring in these people are chiefly connected with the nervous system. In one class of cases the spinal cord is irritated, and violent convulsions are produced (Case 2); in another the brain is in a state of irritation, and maniacal excitement occurs (Case 6); and in a third class, low inflammation, with effusion and, perhaps, softening, appears to take place within the head (Case 1).

Bilio-gastric Fever.

Only two well-marked instances of this fever have come under my notice. In both the patients vomited large quantities of bile; complained of great heat in the precordia; had wet skins and slow pulses during the day, with attacks of fever at night. Both were very ill, but recovered under the use of calomel and quinine in large doses, the first signs of improvement being accompanied by a copious dejection of biliary matter.

Jerusalem, 1864.

ON RETRO-UTERINE HÆMATOCELE.

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MY object in writing this paper is to call the attention of the profession to a hitherto unrecognised method in which Nature effects a cure in these cases. It must be premised that by retro-uterine hæmatocele I mean an effusion of blood into the cavity of the peritoneum, to the lowest point of which it falls by gravitation. This point is, in the vast majority of cases, the pouch formed between the rectum and uterus, known as "Douglas's space." It is not doubtful that blood may be, in some cases, effused into the sub-peritoneal cellular tissue. It is, however, very doubtful whether in that case it gives rise to those symptoms of peritonitis which form so prominent a clinical feature of the intra-peritoneal variety. A case published by Dr. Lever, and my own experience of the consequences of aneurism rupturing behind the peritoneum, lead me to believe that an accident of this kind does not lead to peritonitis. A careful study of published cases of retro-uterine hæmatocele affords most convincing evidence that no case has yet occurred in which symptoms of peritonitis during life had been found after death to depend upon hæmorrhage purely extra-peritoneal. That is to say, no published dissection of retro-uterine hæmatocele proves the existence of an extra-peritoneal variety. The spontaneous cure of this disease has hitherto been supposed to

be confined to four methods, or to combinations of these methods—

a. Absorption of the blood.
b. Its escape by rupture of the rectum.
c. " " bladder.
d. " " vagina.

Without disputing the possibility of the sac* emptying itself into the vagina by perforation, it is a singular fact that in no instance (within my knowledge) has the opening been seen, though the speculum has been frequently employed in such cases. Further, the assumption which has seemed to render this theory independent of actual observation is an untenable one. The argument by which this theory is sustained is evidently (though not categorically stated) as follows:—Escape of altered blood per anum indicates necessarily perforation of the rectum, since there is no natural channel by which the cyst contents could enter the rectum. So escape of altered blood per vulvas indicates necessarily perforation of the vagina, since there is no natural channel by which the cyst contents could enter the vagina. The fallacy lies in the assumption that there is no natural channel by which the cyst contents can enter the vagina, and so escape per vulvas.

I have come to the conclusion that the contents of the cyst may get into the vagina by an already existing route—viz., through the Fallopian tubes and uterus; and observation has led me also to conclude that this is the method which Nature employs in a large number of cases either independent of, or in conjunction with, some of the other methods above enumerated. In the first place, ovarian tumours are known to have emptied themselves through the uterus. When labour-like pains precede for some time, and at last culminate in, a sudden gush of fluid per vaginam, followed by a subsidence of the extrusive pains, we may justly infer that the fluid has found its way into the uterus, and been thence expelled. In 1850, Dr. Hill, at that time Demonstrator of Anatomy in the University of Dublin, informed me that he had had an opportunity of introducing the speculum during the continuance of such a discharge, and had seen the ovarian fluid escaping from the os uteri. This discharge was attended with the labour-like symptoms referred to above. The tumour was cured.

Such an escape might take place in one of four ways:—

a. By direct application and adhesion of the fimbriated extremity to the wall of the ovarian cyst, and the subsequent bursting of the latter at that point.

b. By a similar adhesion of the ovarian cyst to the fundus uteri, and subsequent rupture at that point.

c. By rupture of the sac, and extravasation of its fluid into the peritoneal cavity, and by subsequent perforation of the fundus uteri.

d. By similar rupture and extravasation into the peritoneum. The fluid subsequently percolating through the Fallopian tubes into the uterus.

The last supposition is, to my mind, the most probable one; and the fluid in such a case would, after the sac had ruptured, lie in exactly the same relation to the Fallopian tubes that the extravasated blood does in retro-uterine hæmatoceles of any size.

The possible escape of ascitic fluid through the Fallopian tubes is not mentioned by any medical author within my knowledge. Yet I remember seeing a case, when a student at the Meath Hospital, where I had no doubt that an ascites was so cured. It is proper, however, to add, that Dr. Stokes, under whom the patient was, declined to give any opinion as to the channel by which the fluid had escaped. A woman, aged about fifty, had been long ill of heart-disease, which at last produced general anasarca and copious ascites. One night she was seized with labour-like pains of great severity. These, after lasting for some hours, were attended and relieved by a large gush of clear fluid from the vagina. For several days this discharge persisted, sometimes in gushes preceded by uterine pains, sometimes continuously trickling. There was progressive diminution, and finally a total disappearance of the ascites. Having left the Meath, she subsequently entered Sir Patrick Dun's Hospital a few weeks later, and there died of a return of the general dropsy. At my request the uterine organs were particularly examined. There was no ovarian disease, and no marks of any former preternatural opening into the uterus. The tubes were normal. There could be no doubt that in this case the fluid came from the uterus. By what process? There may have been possibly a hydro-metra producing a derivation from the peritoneum. If so, why did it cure the ascites only without affecting the dropsy elsewhere? It seems to me a more simple and probable explanation that the ascitic fluid trickled directly into the womb through the Fallopian tubes. The wonder really is, not that this should happen once, but that it does not more frequently occur.

To return now to uterine hæmatoceles. Dissection has proved that in some of these cases the fimbriated extremities of the tubes lie gaping in the sac; that the tubes themselves, through a greater or less portion of their extent, are filled with a fluid identical with that remaining in the cyst. This has been supposed to prove that in such cases the blood has been originally poured out by the tubes themselves into the peritoneum. But the facts are quite as much in favour of my supposition that the blood has entered them from the peritoneum. There are, however, other facts and arguments which do not cut both ways.

Certain cases have been recorded in which blood, more or less altered in the way that the intra-peritoneal blood is known to alter, has entered the vagina, not through a fissure in its wall, but through the uterus. It has been occasionally seen to do so by means of the speculum. Or the uterine sound, on its withdrawal, has been found to be smeared with fluid of this kind. Or again, the symptoms preceding and attending the discharge have been of such a character as I hold to be sufficient circumstantial evidence of a uterine flow. In such cases it has been too hastily taken for granted that these discharges are necessarily menstrual. And since they are commonly attended with diminution of the tumour, menstruation has been most incorrectly inferred to be, if not an actual method of cure, at all events a favourable circumstance. It is possible that menstruation may promote the absorption of the fluid, but in my experience it is much more likely to produce an increase in the effusion, and I always anticipate the first menstruation during convalescence with a considerable amount of anxiety and fear of relapse. But it cannot be conceded that such uterine discharges always are menstrual. In the first place they do not always occur at a menstrual epoch. Secondly, they resemble in odour, consistence, and colour the fluids which are discharged through a fissure of the rectum, or which are found in the cyst after death. Lastly, a real and natural menstrual discharge at a proper epoch may precede or follow them. The patient will always observe that the one discharge is like that of ordinary menstruation, the other not. These discharges will reduce the size of the tumour in the very cases where menstruation of an ordinary character has not diminished or has actually increased them. As illustrations of the correctness of these views the following references may be interesting:—

1. In an hospital case of my own, diminution of the tumour attended a discharge of fetid and discoloured sanious fluid, both while she was in hospital and afterwards. This discharge was not continuous, and was accompanied by cramp-like pains in the region of the uterus; no vaginal fissure was ever seen. A discharge of ordinary menstrual appearance was associated with decided increase in the volume of the tumour.

2. In a patient of M. Tardieu (Voisin's fourth case) great diminution of the tumour coincided with a sanguineous discharge, ascertained by the speculum to be from the uterus, and occurring at a non-menstrual epoch, attended with sharp expulsive pains.

3. In another patient of M. Tardieu at Lariboisière Hospital (Voisin, No. 5) no decrease of the tumour was noted at a menstrual period; whereas there was diminution from the size of a fœtal head at eight months to that of a middle-sized apple after the discharge per vaginam, with severe uterine pains, on three separate days between twelve and twenty-one days after a menstrual epoch. After remaining stationary for some time, the tumour again decreased after other discharges at a non-menstrual period.

4. In Voisin's fifteenth case, diminution of the tumour coincided with a menstrual epoch and discharge, but this latter was partly blackish and partly red. There is no reason at all why discharge of altered blood in the way I suggest should not take place at the same time as a menstrual flux.

5. In another case, under my care at the Queen's Hospital, the altered blood was seen, by means of the speculum, to ooze from the os uteri, and it oozed faster when pressure was made upon the abdominal tumour.

6. In another case, lately under my care, a discharge of altered blood was also seen to ooze from the os uteri. The patient observed that it was totally unlike any menstrual flow she had ever had. In this case and in others the discharge has been more copious when the patient has been up and about. I therefore now allow these patients to arise as soon as the absence

* By "the sac" is meant that portion of the peritoneum in the cavity of which the blood is retained, and which is separated by inflammatory adhesions from the general peritoneal cavity.

of peritonitic symptoms enables them to do so with comfort, instead of keeping them in bed as formerly.

7. Voisin's thirty-third case is headed, "Retro-Uterine Hæmatocele, apparently due to excesses of all kinds, in a Woman subject to Menorrhagia; Spontaneous Evacuation of the Fluid by the Vagina; Cure." The case is too long to quote entire. It is fortunately easily accessible to those who are interested in the subject. The diagnosis was made by M. Nélaton, and admits of no doubt. I extract the following:—"On the 7th of February," after several days of severe pain in the lower part of the body, "there came from the vagina a very abundant sanguinolent flux, consisting of a brownish liquid, compared by the patient to coffee with milk or to chocolate. 8th: Discharge presents same character; no clot. 9th to 12th: The discharge continues very abundant, but the blood is of a clearer colour. 12th and 13th: Passes some brownish clots, the size of which she cannot tell. The blood has again become darker. 14th: Since the discharge commenced the pains have sensibly diminished, so much so indeed that the patient feels pretty well. 15th: The bloody discharge stops to-day. The pains are less; but she feels very weak, perspires continually, and is markedly thinner. The skin has become more pale; the gums and conjunctivæ a little blanched. The tumour has much diminished in size; palpation shows that the contents are now partly solid. M. Nélaton thinks that there has been perforation of the vagina, and that through this the liquid part of the tumour has been evacuated, and that there has been at the same time a discharge of blood from the uterus; but he does not think that this discharge has been menstrual, for she menstruated on the 19th of last month, and this discharge commenced on the 7th. But the patient tells me (M. Robin-Massé, the reporter) that for some time the menstrual epoch has continually advanced, and returns about every three weeks." It is to be remembered that in this case the disease was developed in conjunction with menorrhagia. And at the next return of the menses there was a return of pain, which not only preceded the discharge, but also accompanied it, ceasing when the discharge ceased; whilst in the foregoing account it will be noticed that the pains began to be relieved as soon as the discharge commenced. The only question is, whether the flow in this case was altogether uterine, or partly through a perforation of the vagina. This can now never be decided, as the speculum was not used. It is not like the way in which the fluid is discharged by a perforation of the rectum.

8. In Voisin's thirty-sixth case, there was rapid diminution of the tumour after a discharge, firstly, of serous, and subsequently of sanguinolent fluid. After the discharge had become sanguinolent, M. Voisin examined the patient with the speculum, and found no orifice in the supero-posterior cul-de-sac. The fluid, he says, came from the uterus. The discharge occurred at a non-menstrual period. This case is an illustration of what I have myself seen in two cases—viz., the discharge of a serous fluid, probably, I think, from the cavity of the cyst. But in my cases it occurred when the patients were getting well, and the functions of the peritoneum approached restitution.

9. In Voisin's twenty-seventh case: "Sanguineous discharge from vagina; lumbo-sacral pains, intermittent and at times expulsive; death. Fallopian tubes distended with blood, adherent to ovaries, but *communicating* with the cavity of the hæmatocele."

Recapitulation.—In cases of hæmatocele, we observe a discharge of altered blood, similar to that which flows from a perforation of the rectum, preceded by uterine pains, and seen to flow from the uterus; followed by rapid diminution of the tumour, and increased solidity of it, occurring at a non-menstrual period, the colour and odour of it being dissimilar to those of the menstrual fluid. I submit that we may infer that this fluid comes directly from the cyst into the uterus, into which it probably finds its way through the Fallopian tubes.

Birmingham, Sept. 1864.

PROLAPSUS OF THE RECTUM IN CHILDREN.—With adults the excision of some of the anal folds or of a portion of the prolapsed mucous membrane may be of use; but M. Guersant, of Paris, has found that the actual cautery lightly applied round the anus was very successful. He burns four points close to the orifice in a square, one just by the coccyx, one opposite that process in front, and two others on either side. The action should reach as far as the sphincter; simple cold water dressing is employed afterwards, and some of the little patients have recovered in a few days.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

A CASE OF ABSCESS IN THE SIDE OF A GIRL, COMMUNICATING WITH THE LUNG; SURGICAL EMPHYSEMA; RECOVERY.

(Under the care of Dr. JOHNSON.)

IN some constitutions, especially the strumous, the extension of the inflammation from a common abscess on the walls of the chest may give rise to pleuro-pneumonia, and not only that, but to adhesion of the serous surfaces, and actual ulceration into the lung. This last might proceed to communicate with the sac of the abscess, and produce the well-known surgical emphysema. Many of our standard authors, such as Erichsen, Holmes, and others, do not refer to such a series of phenomena, and yet the following instance cannot be considered an isolated, or even a very rare example. The details are explicit, and will be found clinically interesting. The views entertained of this case may be taken as follows:—

The sequence of the phenomena in this case probably was in this order: Firstly, an abscess forms in the side, and extends inwards, till, reaching the parietal pleura, it sets up inflammation there, indicated by the sharp pain in the side, a few days before her admission; secondly, the visceral layer of the pleura becomes inflamed, and the result is that the two surfaces become adherent for a circumscribed limit, and the lung near this point becomes congested, as was pointed out by the crepitation heard there during her illness; lastly, a communication is established through these adhesions between the lung and the sac of the abscess, and air is expelled into the abscess, being prevented from entering the pleural cavity by these adhesions. When the opening of the abscess was closed by the compress, the air escaped into the subcutaneous areolar tissue, until the communication with the lung was closed, when of course this symptom ceased, and the abscess gradually healed. At one time there was a slight suspicion that there might be some pneumothorax limited by adhesions, from the metallic tinkling heard on placing the stethoscope over the abscess, and the faulty amphoric percussion-note; but these sounds were too superficial to be explained on this hypothesis, and they disappeared on firm pressure.

Ellen W——, aged fifteen, was admitted into the hospital on the 22nd of February, 1864. Fourteen days before her admission she noticed a swelling at the outer surface of the right side of the chest; this increased and came to a head, and in ten days after its first appearance it was opened. She has never had any severe illness, and her family are healthy. Her look is strumous, but up to the date of the formation of the abscess she had enjoyed good health, with the exception of enlarged glands in the neck. Before the abscess was opened she had occasionally sharp lancinating pains in the side, which ceased after it was opened.

The abscess is on the right side of the chest, over the eighth rib, about an inch external to the angle. The sac of the abscess is about four inches in diameter, not inflamed, with a small opening in the centre discharging a sero-purulent fluid; on introducing a probe into this opening it passes inwards and slightly upwards, but no dead bone can be felt. If the sac of the abscess be emptied of the air it contains, and the finger be applied to the opening, it refills, on coughing or making any strong expiratory effort, with air from the lungs; and when the finger is removed, several small bubbles of air appear at the opening, or the air escapes with a peculiar squeak. The percussion-note over the side is normal, except over the sac of the abscess, where, with light mediate percussion, the note is slightly amphoric. There is vesicular respiration mingled with

fine crepitation all round the abscess; and if the stethoscope is applied just internal to the opening, a sharp metallic clink may be heard when she coughs: the lung-sounds elsewhere appear normal. There is lateral curvature of the spine, with the convexity towards the left side; no history of caries of the vertebræ or ribs. The heart-sounds are normal; pulse 90; urine normal.

March 6th.—A free incision was made into the abscess, internal to the original opening, and a quantity of fetid air escaped; pressure was then applied with a compress. At first some surgical emphysema occurred, which formed a soft puffy intumescence, crepitating and dispersing on pressure; this spread upwards as far as the angle of the scapula, but subsided in two days after bandaging.

9th.—The communication of the abscess with the lung is cut off, no air being expelled from the abscess on coughing, and it is healing from the bottom rapidly. An occasional crepitation and sibilus may be heard over the lung for a few inches around the abscess.

18th.—Abscess healing quickly. Some coarse crepitant sounds over its site.

April 2nd.—Discharged quite well.

ST. GEORGE'S HOSPITAL.

EXTENSIVE CRANIAL NECROSIS, FOLLOWED BY ERYSIPELAS OF THE HEAD, FACE, AND CHEST; EXTENSIVE EMPYEMA WITH PNEUMOTHORAX.

(Under the care of Mr. PRESCOTT HEWETT.)

NOT less interesting in its general features than the foregoing is the following case; for although the patient had complained of a cough for some time, the symptoms were by no means proportionate to the amount of thoracic effusion found after death, which seemed also to have perforated the diaphragm. The erysipelas, which was present three weeks before death, could not have induced the effusion, inasmuch as the decomposition of the fluid such as here existed does not occur in so short a space of time. Nevertheless, we know very well that a rapid pleuritic effusion is often poured out in comparatively a few days.

George E——, aged thirty-eight, was admitted on the 23rd of December, 1863. He had contracted syphilis in 1858; and was not put under mercurial treatment. A secondary eruption appeared in 1860; and in 1862 several nodes formed in various parts of the skull, but disappeared under treatment. He was salivated in 1859 for a sore on the penis.

When admitted, he was suffering from syphilitic pains in the tibiæ, with suppurating nodes on the frontal and both parietal bones, at the bottom of all of which carious bone could be detected. He stated that the present nodes commenced a year ago, remained hard for four months, but then softened and burst, and have continued to discharge ever since; and that during this time he has suffered much from headache. He was ordered cod-liver oil and the syrup of the iodide of iron; and between Jan. 7th and 13th, 1864, his gums were made sore by grain-doses of calomel repeated twice a day. On the 14th he complained of intense pain in the head, and his right eyelid looked a little œdematous. A severe attack of erysipelas followed, which spread all over the head and face, and covered part of the chest. On the 24th he complained of intense pain in the course of the right ureter. On the 27th he had a rigor; and in a few days afterwards a cough, from which latter he had suffered for some time, became much increased, and a soft rubbing sound was distinctly audible in the right pleura. His sputa became dark-brown, and mixed with blood; his face was jaundiced; and he gradually sank on the 3rd of February.

Autopsy, twenty four hours after death.—The skull-cap was very much thickened. Upon its exterior were many circumscribed superficial patches of dead bone; these were most numerous about the anterior part; the bone generally was vascular. The dura mater was adherent by old false membrane to the skull. The brain was slightly more injected than usual. The right pleura contained a large quantity, probably a gallon, of fetid pus. The upper part of the cavity was occupied by foul gas. The lung was coated with shaggy lymph, as was the parietal pleura; it was compressed into a very small compass against the vertebral column; it was quite devoid of air, and sank readily in water. The left lung and pleural cavity were natural. A quantity of pus, similar to that contained in the pleura, broke loose when the liver was removed; it was confined by recent adhesions behind that organ, and was presumed to have come through the diaphragm, though the perforation was not detected. The liver weighed 7lb. 7oz.; it was somewhat uneven on the surface; on section, it was seen to be finely mottled with pinkish spots, which, when tested with iodine, gave the brown discoloration characteristic of amyloid degeneration. The kidneys were enlarged, and slightly affected in the same manner as the liver; the surfaces were smooth and mottled. The spleen was much enlarged. All other viscera were healthy.

ST. THOMAS'S HOSPITAL.

TEMPORARY RECOVERY FROM A SEVERE SCALP WOUND; SUBSEQUENT FATAL SYMPTOMS FOUND TO DEPEND UPON SUPPURATION BETWEEN THE DURA MATER AND SKULL; CLINICAL REMARKS.

(Under the care of Mr. LE GROS CLARK.)

A CAB-DRIVER, aged sixty, was admitted into the above hospital on April 14th, 1864. Twelve hours previously he had been thrown from his cab, and was carried home in an insensible state, with a large scalp wound over the left temple and his face much bruised. He recovered sensibility shortly afterwards, and had no relapse of head symptoms. The scalp was so much contused that it sloughed, and left more than a square inch of skull denuded of pericranium. He gradually rallied, and the wound granulated healthily. On the 10th of May, a month after the accident, he was regarded as convalescent, was walking about, and expressed himself and looked quite well, with the exception of the unhealed breach in the scalp. On the 11th he complained of having caught cold and of feeling sleepy; his pulse was excited and his face flushed. In the evening he had a convulsion, and this was followed by complete insensibility. Three hours after this the skull was trephined at the seat of injury, and about half an ounce of pus was evacuated from between the bone and dura mater. No apparent relief followed this operation, the patient remaining comatose. On the following morning the dura mater was cautiously punctured; blood mixed with serum first escaped, and subsequently a large quantity of pure serum. In the afternoon he rallied, giving signs of consciousness, recognising his wife, and seeming desirous to speak. This improvement was only temporary. On the following morning he relapsed into profound coma, and died in the evening, forty-eight hours after the fatal attack.

Autopsy.—The dura mater exposed by the trephine was blackened. There was no fracture of the skull, which was very thick, with but little diploe. A short distance in front of the aperture made with the trephine the dura mater was sloughy. Beneath this membrane, and forming a thin layer over the left cerebral hemisphere, was a coagulum partially adherent to the dura mater by its outer surface, the corresponding portion of the surface of the brain being softened and covered with pus. The grey matter of the greater part of the hemisphere was softened and discoloured; and a portion of that of the middle lobe was likewise much softened, and, together with the adjacent portion of the white matter, much congested. The right cerebral hemisphere and the base of the brain appeared healthy.

Clinical remarks.—The severity of the injury and of the early symptoms might naturally have suggested serious consequences; but the subsequent progress of the case allayed all uneasiness, and the patient was on the eve of being made an out-patient, that he might be seen from time to time whilst the anticipated exfoliation of the outer table of the exposed part of the skull was proceeding, when the fatal convulsion struck him down, and death ensued in forty-eight hours. There is much that is remarkable and unusual in this case. If the presence of pus between the dura mater and skull had been the only morbid condition, as was hoped, the case would have belonged to a distinct category, though open to the remark that the preceding symptoms were of short duration. But, in this instance, it is evident that the clot which spread over the left hemisphere must have been effused long prior to the occurrence of the fatal symptoms—in fact, at the time of the accident. Notwithstanding this, however, and the softening and discoloration of a large portion of the hemisphere, there had been no paraplegia or other symptoms to indicate this progressive disorganization. The relief obtained by puncturing the dura mater was only tem-

porary, for the mischief was textural and in the substance of the brain. In interpreting the case we must accept of one of two alternatives: either that the morbid changes dated no farther back than the occurrence of the fatal symptoms; or that the existence of such changes, whilst in progress, is consistent, up to a certain point, with the absence of symptoms. The latter, doubtless, is the only admissible interpretation. The severity of the blow may be measured, in part, by the rare occurrence of scalp-sloughing; whilst the density of the skull prevented fracture.

FRACTURE OF THE SPINE.

Richard W——, aged twenty-four, was admitted into the same hospital on the 18th of September, 1863, under the care of Mr. Le Gros Clark. Whilst at work in a tunnel, a heavy mass of earth fell upon the patient as he was stooping, and thus doubled him up. On admission, he was in a state of collapse, which was marked by the usual symptoms, accompanied by entire loss of sensibility and motive power in the lower extremities. There was extensive ecchymosis over the left side of the back and loins, and depression with irregularity over the lower dorsal and upper lumbar spine. The paralyzed bladder was immediately attended to. On the following day there was some increased sensibility down the thighs, which seemed to be augmented during the succeeding three or four days. On the twelfth day he complained of numbness extending over the whole body, including the arms, and a sensation of "rising" in the throat. The pulse had become very rapid. On the thirteenth day there was violent spasm of the arms at intervals, accompanied by great restlessness and anxiety of countenance. The action of the heart was violent and rapid, and the breathing was hurried but not laboured. This state continued at intervals until the next day, when the patient became tranquil, and expired without dyspnœa preceding his death.

Autopsy.—There was slight injection of the pia mater. The transverse processes of the first, second, and fourth lumbar vertebræ on the left side were fractured; and the bodies of the last dorsal and first lumbar vertebræ were broken through obliquely. Scarcely any displacement was visible in front, but fragments of bone penetrated the theca and cord from behind; and here the substance of the cord was softened and broken up, the softening extending for some inches upwards. The pia mater was reddened, and blood effused in this situation. The microscope showed, in the softened portion of the cord, numerous aggregations of granules in a globular form (compound granule-cells), some of which were seen in the apparently healthy texture of the upper portion of the cord. Both lungs were congested; and there was commencing consolidation in the base of the left. The mucous membrane of both kidneys was inflamed, and there was a patch of lymph on the pelvis of the left.

This doubling of the spine is a frequent, perhaps the most frequent, cause of fracture. The earlier partial recovery was from the effects of the shock; and the subsequent relapse and fatal symptoms kept pace with the extension upwards of the inflammatory softening which the autopsy showed. The patient died exhausted rather than asphyxiated, as is usually the case where the fracture is near to or in the cervical region.

Reviews and Notices of Books.

Sight and Touch: an Attempt to Disprove the received (or Berkeleian) Theory of Vision. By THOS. K. ABBOTT, M.A., Fellow and Tutor of Trinity College, Dublin. 8vo, pp. 178. London: Longmans.

AN assault upon the last stronghold of the Berkeleian philosophy is a not uninteresting phenomenon at the present time. Society is just staggering back to its natural posture, after the strange shock which it has felt from having the Episcopal Idealist, with his whole apparatus of dogmatism, pitched right in its face by the strong hand of Dr. Newman; and under these circumstances it is refreshing to feel the cool breeze of unimpassioned argument playing upon our brows once more. Mr. Abbott turns the tables with a vengeance, when he calmly pulls to pieces, not the general system of Berkeley (which few of this generation, except in certain moments of mental intoxication, would uphold), but that very Theory of Vision which from its first introduction has always commanded the respect of all manner of believers and unbelievers. This is what he has done, and we think he has done it successfully.

The theory of Berkeley assumes as its basis that it is an indubitable fact that distance cannot be immediately perceived by sight, and that the estimate we make of objects considerably remote is rather an act of judgment, grounded on experience, than of sense; and it proceeds to show that this experience is, in fact, gained by the sense of Touch. It is scarcely necessary to point out that this is substantially the position of Mr. Mill and Mr. Bain, and the great majority of modern writers; in fact, the Berkeleian doctrine has maintained nearly all its pristine authority. Nothing daunted, however, Mr. Abbott assails every portion of it. He checks with rigid scrutiny the assumption that distance cannot be immediately perceived by sight: pointing out with much force the absurdity of imposing *à priori* conditions on the perceptions of the senses at all, and the dilemma to which the Berkeleian disciple would be reduced were this kind of argument applied to any of the other senses; and contradicting flatly, by an appeal to the mechanism of binocular vision, the statement of Berkeley and Mill that there is no interval on the field of the retina corresponding to the line of distance. Mr. Abbott demonstrates that the idea of *distance* cannot be directly acquired through the experiences of touch, but only that of *outness*; and that it is contrary both to common sense and to fact to represent the intimations of touch as correcting those of vision with regard to space or lineal extension. He leads us, in short, to the conclusion that the perception of space is peculiarly the property of sight, and that it is determined by the same visual sensations which determine the adjustment and convergence of the eyes.

In support of his argument Mr. Abbott makes use of the latest improvements in ophthalmic science, and it is evident that, though not in the profession, he has studied profoundly the works of the most recent observers in this department, both English and foreign. We know nothing more interesting than the careful revision which he has made (in the tenth chapter) of the whole body of evidence derivable from recorded cases of persons born blind and cured after coming to adult age—a revision which was greatly needed, and which appears to tell strongly in favour of the author's views.

We cannot attempt anything like an analysis of Mr. Abbott's book: the reader will soon perceive, on turning its pages, that such an analysis, to be efficient, would need to be little less lengthy than the treatise itself; the matter of which is the very reverse, in its tough and concentrated solidity, of the flimsy tissue of a popular treatise. But it is certainly of great importance that it should be carefully read by all; and we can fairly promise the student that he will at least find no unnecessary difficulties thrown in his way by obscurity of style. The author's language is always clear and good; and, as a final recommendation, we may add that the type and general appearance of the work are all that can be desired.

Walker and Webster combined in a Dictionary of the English Language. By JOHN LONGMUIR, A.M., LL.D. 8vo, pp. 648. London: Wm. Tegg.

THIS work presents, we believe, the first attempt which has been made by an English lexicographer to combine the most important elements which should occupy the attention of a student of language. Johnson and Webster are the great authorities on English orthography; Walker on pronunciation; Roget and Carpenter on English synonyms. Hyde Clarke's Dictionary is of great service, from its containing an immense number of words in daily colloquial and written use; but Dr. Longmuir's volume embraces the whole matter of language. It may not entirely supersede the elaborate monographs to which we have alluded; but it certainly combines in a masterly manner all their more essential requisites. To the reader and writer, and even to the correct talker, this Dictionary cannot fail to afford the most important information. Its "getting-up" reflects great credit on the publisher.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 10, 1864.

THE sufferings of the respectable poor have again been proclaimed in language which cannot be misunderstood. The old story of Pride and Poverty—Pride, that prefers death rather than parish relief; Poverty, that permits life to silently waste away through want of the commonest necessaries for existence—has received its latest illustration in the case of LUCRETIA JEFFREYS. Under any circumstances it is heartrending to hear of those who have always been respectable, and once affluent, being reduced step by step to the lowest level of human misery. It seems as if misfortunes never come alone; but that with reverses are induced a series of kindred miseries which work out wretchedness in its details. The history of the JEFFREYS family is, unhappily, not told for the first time. In many of its incidents may be recognised but familiar features of that uncomplaining misery with which medical practitioners become painfully acquainted in their daily ministrations to the sick. True, the climax of suffering is not always manifested by the wasted corpse in a parish coffin of one gently nurtured and bred. More frequently a natural-born sempstress has earned the right to die by leaving her country home for the immurement of London garrets or the well-regulated suffocation of the workroom. In either case the melancholy occurrence is soon forgotten. It may be that fashionable benevolence, when informed of the event, exhibits emotion and contributes half-crowns; but such sympathy is ephemeral, and such generosity spasmodic.

Again and again the same incidents occur, to be followed by no permanent practical measures for their alleviation. Why is this? Surely there are not wanting in our several parishes many whose means and time fit them to take part in GOD'S good work of succouring the distressed. The generous feelings of the British public are seldom appealed to in vain. Our experience assures us that it requires but a trustworthy committee to be organized in order to ensure subscriptions for carrying out any object of practical benevolence. It is the men, not the money, which forms the difficulty. For want of some system of co-operation whereby funds might be properly administered, there is at present an almost complete absence of Associations to which applications might be made for relief or assistance in behalf of such families as that of the JEFFREYS, for whose aid subscriptions are now forthcoming when death and destitution have wellnigh completed their work. Is this state of things to continue? Can no steps be taken to prevent the recurrence of, or at least to alleviate, calamities such as those revealed on the inquest of this unhappy gentlewoman, who died of hunger in the centre of the wealthiest city in the world? Surely there are Good Samaritans amongst us who will lay such occurrences to heart, and take counsel with each other as to how, in their respective parishes, they may best contribute to their prevention. If there be any doubt on the minds of the wealthy as to the necessity for Associations for the relief of those we venture to term "the respectable poor," let them inquire of the nearest medical practitioner and hear his statements. They will learn that scarcely a day passes without cases being visited in which, for the want of a little timely aid to the suffering and sick, their destitution becomes complete. The number of families who, in decent poverty, eke out a subsistence by following pursuits of a gentle nature is incredible. A day's illness is to such more than the loss of a day's earnings: it is frequently the commencement of a debt and the initiation of distress. So evenly balanced are the receipts and expenditure, that the loss even of the pittance derivable from a single day's toil not unfrequently conduces to a series of embarrassments from which there is no escape. A little opportune assistance brings more than relief: it speaks to the hearts of the sufferers, and affords them proof that their condition is not uncared for. How many are there whose experience of life seems one unvarying round of trials, privations, and struggles; and who in the bitterness of their sorrows would "curse GOD and die," were it not that some casual revelation of their distress has caused the hand of benevolence to be outstretched, and the voice of sympathy to bid their sufferings be stayed. Why should chance be permitted to reveal that which it is within our power, if not to prevent, at least to be acquainted with and to alleviate? We are answered, The parish authorities take all necessary steps, or the presiding magistrates have funds at their disposal for the relief of such destitution. We reply, There is a suffering that prefers death to the one, and whose honest and honourable unobtrusiveness renders it a stranger to the other. Many who are too weak to work are yet ashamed to beg, and so, in the conflict of past memories and present necessities, perish.

To those who think this picture overdrawn we repeat the story of the JEFFREYS family. The father was once a flourishing paper manufacturer. Reverses of fortune brought himself and family to London, where in the great crowd their change of position might be unobserved. In company with his wife, two daughters, and two sons, he entered on a new life. Each according to his or her opportunity contributed to the general support. The father, aided by one of his sons, took to selling chemical bottles. The other son procured a situation as porter at a woolstapler's. The daughters found employment in making flannel shirts at the payment of two shillings a dozen! They contrived to exist, and kept themselves concealed from their friends of better times. Disaster followed on misfortune. One son was crippled by accident; the other was seized with illness; the father's health broke down; the daughters still worked on, looking death steadily in the face, until their strength gave way. Then came destruction swift upon them all. The pawnbroker heard the old, old tale, and a jury viewed the empty inner room and the attenuated form in the parish coffin.

This is not a solitary revelation. All its incidents may be rare, but its ultimate illustration is too frequent—suffering even unto death rather than enter a workhouse for relief. Surely some steps might be taken on behalf of those whom Providence, for his own wise purposes, so afflicts. In this case the clergyman of the parish was not entirely ignorant of the circumstances. The reverend gentleman seems to have extended aid to the sufferers according to his means. Was there no fund to which application might have been made on their behalf? If not, why not? We have already anticipated the answer to

such an inquiry by pointing out the absence of institutions which ought to find existence in the several parishes in and about our metropolis. Let the clergy and "doctors" take counsel together on this matter. We believe that by doing so practical good must follow. There can be no doubt that institutions of the kind we suggest would find many supporters were the public satisfied that the assistance which their sympathizing charity might contribute would be judiciously and properly applied.

THE letter of Mr. R. BRUDENELL CARTER, of Stroud, which we publish at page 308, places in very distinct relief the damaging influence of the *Journal*, as at present conducted, upon the professional utility of the British Medical Association.

Amongst the many projects which have at various times been started for the furtherance of professional interests, the establishment of a Provident Fund against the miseries following on sickness and disease amongst medical practitioners, is one which has strong claims to general sympathy. Many difficulties have arisen from time to time to prevent the successful formation of such a Fund, but a very well-devised and energetic effort was made last year by several members of the profession to set on foot such an Association. Mr. CARTER took an active part in obtaining support for the scheme, but was induced to lay aside his work in order to assist in carrying out a proposition for uniting such a Society with the British Medical Association. There are many and obvious reasons why this conjunction should be made. The Association might by such a union make its organization subservient to a really useful purpose, and by assisting in the formation of a Provident Society on a great scale, fulfil one of the main purposes which it proposes to itself.

Mr. CARTER, however, finds himself, and those for whom he has acted, placed at an immense disadvantage by the terms proposed for this Provident Fund. The first condition which is sought to be imposed is, that whoever desires to profit by this useful fund and to strengthen it by subscribing to it as a member, shall be a member of the Association. Mr. CARTER states his case clearly, and we will quote his words:—

"They (the committee of the Association) think that the Provident Fund will strengthen the Association; and they therefore welcome it for the sake of the Association, rather than for the sake of the men who will chiefly need its help. I, on the other hand, and those who think with me, while we should rejoice to see the most sanguine anticipations of the friends of the Association realized, yet feel that there are many practitioners whom sickness would render destitute. There are men of small capital striving to establish themselves, there are qualified assistants who aid in maintaining widowed mothers or younger brothers and sisters, and there are established practitioners who, from local circumstances, are almost precluded from earning incomes sufficient for their needs. I conceive that it would be an act of cruelty to call upon such men to subscribe an annual guinea to the British Medical Association, before admitting them to become members of the Provident Fund.

"But as many of my colleagues in the Committee differ from me, and think that such a call ought to be made, I am tempted to ask what return the guinea will bring. The political and other anticipated benefits are not realized. The meetings and speeches and dinners are necessarily limited to men in comparatively easy circumstances; and the less affluent members receive for their subscription only a copy of that *Journal* upon which about ten-elevenths of the funds of the Association are expended, and which must always, from the operation of commercial laws, be inferior to its contemporaries that are maintained by private enterprise. The present deplorable position of the *Journal*, and its recent advocacy of superficial attainments and of trading greed, although they cast some reflected discredit on the Association, are yet mere accidents, due to causes that are temporary, or, at least, that admit of being removed. Still the fact that such accidents are possible, that they have occurred, and may recur, increases the hardship of asking any man to pay for a publication that may offend his taste and judgment in every number, and that he cannot discontinue without forfeiting his right to obtain provision during sickness.

"I apprehend, however, that the organization of the Association, apart from that *Journal*, would be of great value to the Provident Fund, and I think that the subscribers to the Fund should be prepared to pay for the use of that organization. I would suggest, therefore, that every subscriber to the Provident Fund should contribute two shillings a year to the executive expenses of the Association generally—that being rather more than the proportion of the ordinary subscription that is not absorbed by the *Journal*,—and that the Board of Directors should be applied to, as soon as formed, to admit subscribers upon such a basis."

It is sufficiently evident that to make a subscription to a fourth-class weekly print an indispensable condition for membership of a Provident Fund, of which the objects are definite and purely benevolent, is a proposition so absurd that it cannot be supported in terms. But it is more than absurd: it is a direct and immense injury to the Association and to the whole profession. It will have the effect of imposing a heavy tax on those who desire to join the Fund, and to mulct them in a large annual fee for a sheet of waste-paper, when they have a right to ask that the money which they subscribe shall be appropriated solely to the useful purpose which they have in view. So gross a misapplication of funds could not be contemplated as a measure of ordinary justice or fairness to the subscribers. It is an attempt once more to bolster up the finances of the unhappy *Journal* at the expense of all those who are anxious to make a provision for themselves and their families in case of sickness. The proposition is so grossly unfair that it must tend to diminish very greatly the number of those who might otherwise have been willing to contribute to the Fund. Thus, if this tax be enforced, the *Journal* will have achieved the distinction of inflicting further injury on the Association.

The proposition that the subscribers to the Provident Fund should be permitted to avail themselves of the organization of the Association apart from the *Journal*, and to pay the due proportion of expense for the use of that organization, is equitable, and has much to recommend it. Hence Mr. CARTER'S suggestion, that every subscriber to the Provident Fund should contribute two shillings a year to the working expenses of the Association generally—that being rather more than the proportion of the ordinary subscription that is not absorbed by the *Journal*,—and that the Board of Directors should be applied to as soon as formed to admit subscribers upon such a basis. Under the existing false system, by which the *Journal* is permitted to suck up all the life-blood of the Association and to beggar its exchequer, this is the only apparent means of remedying the proposed injustice.

But all this only places in a clearer light the immense injury which the *Journal* inflicts on the Association. It absorbs eighteen shillings in the pound; it robs the Association of all

its resources; and employs to prop up its existence every available shilling which might be spent in aiding useful professional objects,—in hastening the march of medical science,—in organizing political action,—in supporting the social rights and privileges of the profession. If the Association had such a fund as might be at its command but for the subsidy of this print with its whole revenue, it might have an effective legal adviser to watch and report upon all parliamentary and public measures affecting the medical profession; it might have supported the rights of the profession under the Medical Act, and brought about long since a revision of that inefficient legislative measure; it might have proved a terror to the numerous pettifogging lawyers who rely upon the isolation of medical practitioners to bring extortionate actions for the purpose of frightening them into a compromise. It is entirely owing to the *Journal* that the Association has hitherto been powerless to take public action of any useful kind; and that the profession, although nominally banded together in such large numbers, is without protection or support. So that there is not one body of any sort to which the practitioner can look for help in his difficulty. Nominally, it is a powerful body: powerful by its numbers, by the intelligence and position of its members, by their united feeling and wishes. Practically, it is powerless, and has never been able on any public occasion to do much more than present a petition, commonly long after its action has been anticipated, and rendered nearly valueless.

The suggestion of Mr. CARTER respecting the Provident Fund in its connexion with the Association is one which may be usefully extended for wider objects. Let the funds of the Association be reserved for legitimate public and scientific purposes, such as Dr. BREE recommended; let a fund be set apart to prosecute the vermin who are openly and without fear setting at defiance the legal rights of the profession—to protect its members against iniquitous actions at law—to publish an annual volume of "Transactions"—to establish a Provident Fund worthy the name of a great and powerful profession,—and it would not be difficult to foresee that the Association would treble its numbers, and that it would rise to that height of real power and usefulness of which it has now only the mockery and semblance. Little short of fifty thousand pounds have now, it seems, been subscribed by the profession to this Society during the last thirty years. It is painful to compare what it has done with what it might have done had that sum been usefully expended. But the future lies open. If the members were polled, it is very certain what their verdict would be on the past, and what their wishes would be in the future. Let the Council of the Association consider the responsibility which attaches to them, and weigh the great opportunities which they let slip. They would not lose a score of members by discontinuing that miserable weekly production which they have so long and persistently striven to foster, with such lamentable results; and they would multiply largely their numbers, their resources, and their opportunities of usefulness. They would prosper as the Social Science Association and the British Association have prospered. The former Society has risen rapidly to a position of the highest influence. It has an annual subscription of half-a-guinea without and a guinea with the volume of "Transactions." Its yearly meetings are brilliant and largely attended. These annual meetings, together with the local branch meetings, are the source of vitality of the British Medical Association also; but, with a far more powerful organization, and springing out of a more compact body, having now a life-period of thirty years, it is still in leading-strings, and helpless for public objects, because its funds are devoured in paper.

IN conformity with our promise, we proceed to make some further remarks on the subject of "hospital nursing," and to lay before our readers some of the details to be gleaned from the Report of the Norfolk and Norwich Hospital alluded to in THE LANCET of last week. It is necessary to draw attention also to a little pamphlet by Dr. SAMUEL MARTYN,* of the Bristol General Hospital, in which the subject under consideration is ably treated. As this writer points out, in the recent attempts which have been made to improve our hospital nurses, two plans have been followed: the one is by means of training in religious orders or sisterhoods as deaconesses; the other by technically instructing under properly experienced superintendents. The former method has been much in vogue in Catholic countries on the Continent, but has been imitated by the Protestant German institution of Kaiserswerth, to which a portion of the Charité of Berlin has been for some time allotted, and where the sisters have been found to carry on the nursing very efficiently. In England there are (according to Dr. MARTYN) not less than twenty-six institutions of sisterhoods analogous to, and more or less copies of, the German prototype. One of the better known of these is "St. John's House" in London, which is under the care of a master (a clergyman of the Church of England), a lady superintendent, and two physicians. The nursing in King's College Hospital is entirely managed by the council of St. John's House, and under the following arrangement:—

"We pay," says the Steward, "St. John's House £1000 a year, which includes all the female domestics in the house, twenty-six nurses, besides a number of probationers who are in training, and a staff of about half-a-dozen ladies, who superintend the nurses, and reside like them in the hospital. This plan has been in operation six years, and has worked most satisfactorily—so much so that everyone connected with us would be extremely sorry if the connexion between the two institutions were to come to an end." (MARTYN, *op. cit.*)

From the more recent report we learn that the committee or governors do not interfere with the selection or discharge of the nurses; that the latter have a common sitting-room, separate offices for washing, &c.; that each "sister" has a bedroom to herself, whilst the nurses sleep in associated dormitories, the beds being separated by wooden partitions, with a curtain at the end. All dine together in the basement of the building, the sisters sitting at a cross table.

In June, 1860, the whole of the nursing in University College Hospital was entrusted to the sisters of "All Saints Home." The committee report most favourably of the result of the measure, stating that the nursing is far more efficiently performed than under any former system, and is also more agreeable to the patients. A room is allotted to the nurses when not on duty, and where they take their meals. A library is provided for their use. Their bed-rooms are associated and placed on an upper floor. We have the testimony likewise of Dr. SIDNEY RINGER, formerly a pupil of the Norfolk and

* A Discourse on Hospitals Past and Present, delivered at the Bristol Institution, March 17th, 1862. London: Churchill.

Norwich Hospital, and afterwards resident medical officer at University College Hospital, that the present system of nursing is much superior to the old plan, under which he also acted. He asserts that much greater reliance can be placed on the nurses as now superintended than could be before under the supervision of the matron. Greater punctuality and order exist, and the wishes of the medical attendants are in many cases properly anticipated, and are always more implicitly followed. "Though they are ladies by birth, the patients do not feel strange in their presence; they do not obtrude their opinions, nor interfere in any way with the general management of the hospital."

Whether this adoption of "Sisters of Charity" will become as common with us as it is on the Continent, remains to be seen. The more ardent supporters of the system believe that it eventually will, as it comes to be found that "there is, and can be, no nursing at all compared to theirs, the cause of which is to be found in the religious character of the system under which they act." But it is proper that both sides of the argument be stated, and we therefore quote the following from Dr. MARTYN:—

"The most distinct evidence I have yet obtained that these nurses are not invariably excellent is derived from a lady whose activity and benevolence are well known in this city. That lady, who is at the present moment engaged in making observations on the great Italian hospitals, which we shall probably have the advantage of reading before long, has arrived at the most startling truths respecting this very question. In the vast hospital of Santo Spirito at Rome there prevail, as I can myself bear witness, the greatest apparent neatness and order. But from sources of information which must, of course, remain a secret, and with regard to which it may be safely said that they are the most reliable that can be obtained, it comes out that the nursing managed by the Sisters of Charity (introduced, I believe, at the French occupation) has proved a thorough failure. The duties are discharged in the most perfunctory manner; admirably so far as the production of bandages or the et ceteras of the ward work goes, and the administration of food and medicines; but heartlessly, without any feeling, even absolutely with cruelty sometimes, towards the patients, and without any power of correction on the part of the medical officers. The same thing has been observed at Florence, and I could adduce further testimony to a similar state of things elsewhere."

Whilst many will be ready to admit that such occurrences as the above must be quite exceptional, yet they will maintain, as does Dr. MARTYN, that nursing the sick can never be well done by merely a sort of human machinery, even though this be composed of *intentionally* good elements united together by a seemingly promising system. Further, that every system which is necessarily restricted to one form of religious profession must, from its exclusiveness, become improper for practical hospital use on an extended scale. It will also be said that under such systems the charitable feelings of each member will be liable to become lost in a more general routine. From this, more support will be likely to be given to the plan which is pursued at St. Thomas's Hospital, to which is attached the Training Institution for Nurses, under the direction of Miss NIGHTINGALE. The object of this institution may be briefly stated as two-fold—first, to train women thoroughly for all the practical duties of hospital nursing; and secondly, to find them situations. Probationers are not admitted for a less period than one complete year, to which they pledge themselves. The cost of their training and maintenance is entirely defrayed from the Nightingale Fund—viz., £10 per annum, and 10s. 6d. per week for board. The Committee of the Nightingale Fund have, however, made arrangements with the Council of St. John's House for training annually at King's College Hospital a limited number of women in the duties of midwifery nurses, with a view to their being employed in country parishes or districts (for the benefit of the poor), under the direction of the clergy and the surgeons. In addition to the practical instruction of the midwife, the probationers have the benefit of lectures twice a week, given by Dr. MEADOWS, one of the assistant obstetric physicians.

DR. HASSALL'S retirement as a candidate for the important position of Officer of Health to the parish of St. Marylebone is announced by him in a letter we publish at p. 307. Under the circumstances, we commend the course he has adopted, though we regret that the public should be thereby deprived of scientific services the value of which has been already proved. It is a matter of grave moment that appointments of this character should be permitted to rest in the hands of the Vestry. Men of standing in their profession will not stoop to those contemptible manœuvres essential for a successful canvass; and as a consequence, with rare exceptions, the Vestry selection must fall on individuals without scientific distinction. In behalf of the public we pointed out Dr. HASSALL'S claims. On the part of the profession, we must declare that, assuming the duties of Officer of Health to entail the consequences which Dr. HASSALL in his letter sets forth, putting aside all considerations of a personal character, it is a position which no gentleman should have an ambition to occupy.

Medical Annotations.

"Ne quid nimis."

SCURVY IN THE MERCANTILE MARINE.

THE disclosures of the Privy Council Medical Officer's Report concerning scurvy in the mercantile marine will, it is to be hoped, not escape the notice of Parliament when it is again called together. It is a sad fact that, whereas during the last half century our mercantile marine has increased year by year to an enormous extent, and opportunities are afforded in every way for promoting comfort and cleanliness on board ship, the condition of that vast floating population on which our commercial prosperity depends has, as to its sanitary prospects, undergone no change whatever. We build model lodging-houses for the labouring poor of our towns; we appoint inspectors of nuisances for our streets and by-ways; we spend thousands, and rightly too, in draining this great metropolis by a monster sewerage-system; but we still persist, as to sanitary matters, in forgetting the very existence of the sailor. He still subsists, as in years gone by, on his ration of salt pork and hard biscuit, and, in very many instances, is still penned up in a close forecastle ingeniously constructed, as it would appear, to let in as little light and as much water as possible. This sleeping-place, cleaned as seldom as the skins of its inhabitants, is by no means as sweet, towards the close of a voyage, as could be desired. Indifferent water, with bad meat and biscuit, are often the only food of the sailor for three or four months together; and it is well known that habitual indifference to personal cleanliness is a powerful predisposing cause of disease. To crown these evils, and, as it were, to give every opportunity for an outbreak of scurvy, we learn from reliable sources that a large portion of the lime-juice shipped for use in our India and

China vessels is completely spurious. Quoting a letter headed "Spurious Lime-juice" that appeared in *The Times* of August 29th from a Liverpool correspondent, we are informed that

"A large quantity of so-called lemon-juice which is supplied to ships going on long voyages contains no juice of the lemon; it is manufactured in this country from tartaric and other acids, at a cheap cost, and flavoured with essence of lemon to imitate the genuine article. I have had many samples analyzed, and found them to be so made up."

This total neglect of all sanitary precautions in our merchant navy culminates in the following unhappy results. During the past year the *Dreadnought* received eighty-six cases of scurvy; and we are informed by the medical officers of that hospital that this represents the average annual number of entries during the last ten years, no diminution as to yearly admissions having taken place during that time. Fifty cases were admitted into the Liverpool hospitals collectively, and a few cases found their way into our metropolitan hospitals. The report to the Privy Council also states that "of the entire number of men received into the Sailors' Home at Poplar, about half are at the time of their admission suffering more or less from scurvy, and of these perhaps a twentieth part are seriously diseased."

The above statistical facts reveal an existing amount of preventable disease perfectly appalling. These show, however, very inadequately the other ills indirectly caused or greatly aggravated by scurvy; for the *Dreadnought* records could furnish us with many instances in which sailors have succumbed to acute attacks of other maladies, solely from the excessive debility that scurvy has left behind. It is for our commercial interests, as well as on the score of humanity, that this blot should be removed from our national shortcomings by legislative means. The exertions of many charitable individuals have been nobly displayed in founding for the sailor clean and comfortable "homes" during his brief sojourn in this big city, and these praiseworthy efforts have been crowned with very great success. But the attention of our Government should be seriously directed to the improvement and good maintenance of the seaman's sanitary condition when afloat; and he has, with the agricultural labourer and the manufacturing artisan, an equal claim to its exertions. Underwriters and owners would benefit alike: for there would be less risk to the former of loss of vessel and cargo from want of manual power in case of leakage or other accidents; and there would be a more certain prospect to the latter of speedier voyages, and of having in the sailor commodity a subject not, at all events, broken down by, and patched up after, one of the most terribly exhausting diseases of which we are cognizant, and one too that ought many years ago to have been struck out of our sick returns.

THE CONGRESS OF GENEVA.

THE official announcement is now made of the articles agreed upon by the representatives of Belgium, Baden, Denmark, Spain, France, Hesse, Italy, the Netherlands, Portugal, Prussia, Switzerland, and Würtemberg. We stated a fortnight since their general effect, and need now only express our hope that the British Government will be able to place itself in accord with the other great Powers in carrying out this humane object. This object is one which the members of our profession, especially in this country, have often prominently advocated, and which enlightened statesmen have approved. An interesting *brochure*, semi-officially printed, entitled "Le Congrès de Genève, Aout, 1864," quotes in the first place a remarkable despatch of the most cool and sagacious of statesmen, Talleyrand, laying down, as a principle which should be adopted by civilized nations, the maxim—that nations should do to each other in peace the greatest possible amount of good, and in war the least possible amount of harm. The immediate impulse for the congress was given by M. Henri Dunant, of Geneva, in his book entitled "A Souvenir of Solferino." He had been present as a simple spectator on that 24th day of June, 1859, when more than three hundred thousand men were engaged in combat, when the line of battle extended to fifteen miles, and the fight lasted more than fifteen hours. He saw also, during the following days, the sufferings and the privations of the wounded lying on the field or hurried into improvised hospitals, devoured no longer by fire and sword, but helpless, and dying from being abandoned, from want of ready, sufficient, and efficacious help, and from the diseases born of hospitals. He proclaimed anew the conviction that the wounded man on the ground, of whatever nation, is sacred; that humanity is international; and that medical officers in attendance upon the sick and wounded, their assistants, and the stores consecrated to the service of the invalid, should be respected. Encouraged by the favourable reception of his declared convictions, he addressed to the War Ministers of nearly all the States of Europe a proposition to send official delegates to Geneva to consider these propositions. Fourteen Governments complied, and, after four days' consultation, their representatives adopted a programme demanding neutralization during war, by belligerent nations, of ambulances and hospitals, of their staff and material; and a common flag and badge for those engaged in the charitable work. M. Dunant, M. Moynier, and General Dupin, with others, continued to labour at the practical realization of these objects. Committees were established in the various kingdoms. Commissioners were despatched to observe the course of events during the war in Schleswig-Holstein, and to ascertain how far voluntary efforts may be made available in mitigating the horrors of war, without interfering with the efficiency of military operations. For a great part of the conception of the authors of this congress is to provide for the organization and official reception of such voluntary charitable corps in times of war. Subsequently they supplicated the Swiss Government, as a neutral Power, to take the initiative in inviting all the sovereign Powers to concert stipulations, which may be introduced into the law of nations, as to the character of the wounded and of those who bring them succour. This invitation has been generally accepted, and has resulted in the important congress from which the present bases of a convention have issued. It is a great work to have sprung so rapidly from the initiative of a few private individuals; and the names of its authors will deserve to be consecrated in the roll of the highest benefactors of our own and future times.

LUNACY LAW.

THE case of Mr. Wilkins, surgeon, of Ealing, summoned before Mr. Henry, of Bow-street, on the 18th of last month, at the instance of the Commissioners in Lunacy, to answer the charge of having received a lunatic into his house without possessing a licence, has led many practitioners to inquire what the state of the law on that question really is.

The statute 8 and 9 Vict. c. 100, being "An Act for the Regulation of the Care and Treatment of Lunatics," amongst other rules, provides in section 44, that "no house is to be kept for the reception of *two or more* lunatics without a licence," "unless such house shall be an asylum or an hospital registered under this Act." Section 45 provides that "no person (not a pauper), whether being or represented to be a lunatic, or only a boarder or lodger, in respect of whom any money shall be received, or agreed to be received, for board, lodging, or any other accommodation, shall be received into or detained in any licensed house or in any hospital without an order under the hand of some person, according to the form, and stating the particulars, required in Schedule B annexed to the Act, nor without the medical certificates, according to the form in Schedule C annexed to the Act, of two physicians, surgeons, or apothecaries, who shall not be in partnership, and each of whom shall, separately from the other, have personally examined the person to whom it relates not more than seven clear days previously to the reception of such person into such house

or hospital, and shall have signed and dated the same on the day on which such person shall have been so examined." A departure from or violation of this provision is a statutable misdemeanor. The 46th section provides that the medical practitioner signing such certificate is to specify *facts* upon which his opinion is formed. The 90th section directly touches the Ealing case, and contains such full and explicit directions that its perusal will at once inform every practitioner of his exact position. It is evident that the 44th section contemplated the patient being received without a licence. The provisions of the Legislature in reference to that one patient we transcribe at length.

"And be it enacted, that no person (unless he be a person who derives no profit from the charge, or a committee appointed by the Lord Chancellor,) shall receive to board or lodge in any house, other than an hospital registered under this Act, or an asylum, or a house licensed under this Act, or under one of the Acts herein-before repealed, or take the care or charge of any one patient as a lunatic or alleged lunatic, without the like order and medical certificate in respect of such patient as are herein-before required on the reception of a patient (not being a pauper) into a licensed house; and that every person (except a person deriving no profit from the charge, or a committee appointed by the Lord Chancellor,) who shall receive to board or lodge in any unlicensed house, not being a registered hospital or an asylum, or take the care or charge of any one patient as a lunatic or alleged lunatic, shall, within seven clear days after so receiving or taking such patient, transmit to the secretary of the commissioners a true and perfect copy of the order and medical certificates on which such patient has been so received, and a statement of the date of such reception, and of the situation of the house into which such patient has been received, and of the christian and surname and occupation of the occupier thereof and the person by whom the care and charge of such patient has been taken; and every such patient shall at least once in every two weeks be visited by a physician, surgeon, or apothecary not deriving, and not having a partner, father, son, or brother who derives, any profit from the care or charge of such patient; and such physician, surgeon, or apothecary shall enter in a book, to be kept at the house or hospital for that purpose, to be called 'The Medical Visitation Book,' the date of each of his visits, and a statement of the condition of the patient's health, both mental and bodily, and of the condition of the house in which such patient is, and such book shall be produced to the visiting commissioner on every visit, and shall be signed by him as having been so produced; and the person by whom the care or charge of such patient has been taken, or into whose house he has been received as aforesaid, shall transmit to the secretary of the commissioners the same notices and statements of the death, removal, escape, and recapture of such lunatic, and within the same periods, as are herein-before required in the case of the death, removal, escape and recapture of a patient (not being a pauper) received into a licensed house; and that every person who shall receive into an unlicensed house, not being a registered hospital nor an asylum, or take the care or charge of any person therein as a lunatic, without first having such order and medical certificates as aforesaid, or who, having received any such patient, shall not within the several periods aforesaid transmit to the secretary of the commissioners such copy, statement, and notices as aforesaid, or shall fail to cause such patient to be so visited by a medical attendant as aforesaid, and every such medical attendant who shall make an untrue entry in the said Medical Visitation Book, shall be guilty of a misdemeanor."

In the first case determined under the Act—"In the matter of Shuttleworth, a lunatic" (L.J. v. 16, M.C. p. 16)—amongst other rulings it was determined: "One of the medical certificates given under secs. 45 and 46, sched. C, stated that the medical man formed his opinion from the fact that the patient 'laboured under delusions of various kinds, was dirty, and indecent in the extreme': Held sufficient. Held, also, that the provisions of sec. 46 were directory only; that a strict compliance with them on points of form was not essential to the validity of the certificate upon *habeas corpus*. The other medical certificate stated that the medical man formed his opinion from 'a conversation' he had had with the lunatic, the word 'fact' being erased: Held, that as the certificate contained that which was equivalent to the formal requisites of the statute, the omission was not fatal. Held, also, (from Justice Erle,) that the object of the statute was to leave the control of lunatics as at common law, making parties liable to indictment for misdemeanour who did not comply with the provisions of the statute."

ECHOES FROM INDIA.

SUCCEEDING mails bring additional proofs of the extreme dissatisfaction caused by the new Medical Warrant. We have received by the last mail a further ponderous batch of letters and newspapers, all expressing the same disappointment and indignation at the frustration of the reasonable anticipations which were entertained in respect to the promised revision of terms. Six separate Warrants have been issued for the medical officers of the army since 1858; and Horse Guards' influence has so prevailed that at the end of that time the medical officers find themselves worse off than before. The expectations of the service may be stated simply and briefly in the terms of the *Bombay Gazette*. The medical officers expected to "receive the effective pay of their relative ranks with a gradual scale of staff salary similar to that granted to military officers in the new organization of the Queen's army; they also expected to be put on a footing of equality with medical officers of the British service in regard to the commissions and pay of the deputy inspector-generals as well as to have their pensions regulated by rank as in the British service. They, of course, anticipated that staff salary would be assigned to them in addition to the pay of their rank, similar to that granted to all military officers." The same journal points out that under the new organization of the Indian army a commandant of infantry, whatever his rank may be, receives a "staff salary" of 600 rs. a month in addition to the pay of his rank; the senior wing officer receives 270 rs.; junior wing officer, 230 rs.; adjutant, 200 rs.; and quartermaster, 150 rs.; all in addition to the pay of their rank; and there can be no good reason why so marked a distinction should be made between the military and the medical officer. In all fairness a similar scale of staff salary should be given to medical officers while actually in charge of regiments of at least 150 rs. to those under five years, 200 to those above five years, 250 after ten years, 300 after fifteen years, 350 after twenty years, and 400 after twenty-five years' service; and even if this were granted it would hardly place them on an equality with military officers of the same relative rank. As to pensions, the half-pay pension of a surgeon-major in the Indian service after twenty years is £200, or exactly the same as is given to a surgeon of the British army after ten years. However little the medical service may have expected from the liberality of the Government, they certainly never anticipated that their pay would be reduced and their grievances remain unredressed. They have great cause to complain. We can only hope that when Sir Charles Wood comes to see fully the unjust working of the Warrant, he will make such further concessions as are needed and which we have indicated. It cannot be part of any wise policy to persistently disgust and alienate so valuable a body of public officers.

THE HOUR OF DEATH.

MR. ALFRED HAVILAND, of Bridgewater, lately brought before the members of the Bath and Bristol Branch of the British Medical Association the subject of the "Hour at which Death takes place in Chronic and Acute Diseases." From various sources he had collected between 5000 and 6000 cases of death, with the hour and other circumstances recorded. The result of his investigation he illustrated by a large diagram, which demonstrated the remarkable facts that he brought before the Society. The practical tendency of the paper was to show that, at the time when the greatest mortality takes place, our patients, as a rule, are neither *nursed* nor *fed*. Mr. Haviland lays stress on the indiscriminate use of stimulants and nutriments: stimulants being often given when vitality is at its highest, and least requires them; and nutri-

ments administered when the vitality is too low to digest. (The horary vitality should be studied.) He says that they are given without reason in the majority of cases, simply from routinism. He thinks, by a careful study of cases in all their cyclical changes, patients might be tided over a fatal hour, or at least spared a few hours to their friends to perform what is too often neglected until too late. He showed that the greatest amount of mortality took place in the periods between one and eight A.M.; and that subsequently the mortality fell to its minimum from one to twelve at midnight, with certain fluctuations. Mr. Haviland believes that the cyclical changes should be more studied, and their relation to the *postremum tempus* well analyzed. Much practical benefit may accrue from the study of this subject; and we understand that a short paper will be read by him at the British Association meeting at Bath, for the purpose of bringing his views before the Society, and of endeavouring to obtain the co-operation of the associates in his investigation by supplying him with well-authenticated facts on all points relating to the subject.

SOCIAL SCIENCE.

WE have already stated that the National Association for the Promotion of Social Science holds its meeting this year at York. The time fixed for the meeting is from the 22nd to the 29th of the current month. The present meeting has been appointed at an earlier period than usual to enable those members of the profession who are connected with medical schools, which open on the 1st of October, to attend. The Great Northern and other railways have made arrangements by which members of the Association, and those who obtain tickets of the Secretary, may attend the York meeting from the 20th of September to the 1st of October for a single fare. Great exertions have been made by the local committee at York, and it is expected the gathering will yield to none of its predecessors in the number of its members or the variety and interest of its proceedings. Sir Charles Hastings has been named President of the Health Department, and a new feature in the proceedings will be the discussion of particular questions decided on beforehand by the committees of each Department. In the Health Department it has been arranged that the questions of the causes of infant mortality, the disposal of town sewage, and the consequences of overcrowding in large cities, shall be discussed on several days. It is to be hoped that our medical brethren interested in the discussion of these great questions, will assemble at York, and give to the debates of the Health Department an importance which the subjects of contemplated discussion are calculated to command.

TROPICAL HYGIENE.

THE report of the Royal Commission on the Sanitary Condition of the Indian Army has stirred up the three Presidencies to a sense of the sanitary deficiencies of the different stations in a manner as gratifying as it is surprising. Every mail brings the news of vigorous municipal efforts, more or less comprehensive in character, for the removal or amelioration of those abominations which hitherto appear to have been regarded as inseparable from native towns and habits. If confirmation were needed of the evidence laid before the Royal Commission regarding the horrible filthiness and noxiousness of Hindoo towns, —even of the residency cities, and the immediate vicinity of the residencies and European quarters and cantonments,—it may be found in the statements of the correspondents of the daily journals. Language almost fails them in describing the several horrors of native towns; and they are fain to leave undescribed, as unfit to be written, the utter abomination of some of the native habits exhibited in the face of day and in the public walks. The municipality of Calcutta made a spasmodic and ill-considered effort to relieve itself from the scandalous filth of the city a little while ago. Although the attempt failed, it was nevertheless the earnest of better things come. Bombay is now seeking to allay the evils in its midst, and with a prospect of greater success than attended the effort in Calcutta. The local Government, it is hinted, is not to be left to its own devices in doing what is necessary for the sanitary welfare of the city. The supreme Government is disposed to exercise some control in the matter, and it may be hoped that the errors made by the Calcutta municipality will thus be avoided. The indifference of the natives is the chief impediment in the way of improvement. It is, however, an immense and almost incredible advance to have put to flight the apathy of the European residents. Few things are more inexplicable than the fact that the details which have lately been made public respecting the internal condition of Hindoo towns should have been patent to those most liable to suffer injuriously from them so many years without having long ago stimulated the supreme Indian Government and European residents to take effectual measures—were it for the sake of themselves only—to remove the evils to which they refer.

THE REPORT OF THE MEDICAL OFFICER OF THE PRIVY COUNCIL.

IN our last impression we reviewed that portion of Mr. Simon's report which refers to public vaccination and the conditions of nourishment amongst the poorer labouring classes. We have now to consider the remainder of the report.

1. The investigations concerning hurtful or hurtfully conducted occupations include industries which have to do with *lead* and *mercury*, *tailoring*, *printing*, and *dressmaking*.

The inquiry into the industries which are concerned with lead and mercury was conducted by Dr. Geo. Whitley. Many things concurred to prevent the collection of information as precise as could have been desired. It would appear, however, that the danger of lead-poisoning has been markedly lessened by improved ventilation of the workshops and greater cleanliness of the workpeople. It would appear also that the perhaps inevitable danger of working with mercury is exaggerated by inattention to ordinary hygienic precautions. Mr. Simon suggests (as he had previously suggested in regard to the arsenic industry) "that employers should be bound to provide all practicable arrangements for lessening danger to their workpeople, and should be prohibited from employing any person who presents, even in ever so small a degree, any sign of the characteristic metallic poisoning."

2. In previous reports Mr. Simon has illustrated from many and varied fields the sanitary conditions under which in-door industries are carried out. He traced to the overcrowding and ill-ventilation of workplaces the explanation of a fact most deplorable for the working classes of the country—namely, that "*in proportion as the people of a district are attracted to any collective in-door occupation, in such proportion, other things being equal, the district death-rate by lung-diseases will be increased.*" The mortuary statistics recently laid before Parliament furnish another illustration of the rule—to which probably there is no exception in England—that in every district which has a large in-door industry the increased mortality of the people is such as to colour the death-return of the whole district with a marked excess of lung-disease. From these returns we learn that, while, in similar masses of population, about 100 deaths by phthisis and other lung-diseases are occurring in various agricultural districts of England, amongst men aged from fifteen to fifty-five, in the great centres of in-door industries the deaths from pulmonary maladies range from 163 (Coventry) to 263 (Manchester). A more striking illustration is obtained from the comparative mortality of males and females in a given district where one sex only pursues an in-door occupation. Thus at Berkhampstead, where the females are extensively employed in straw-plaiting, the mortality of the men from lung-diseases is 219, while that of the women

is 518. Again, at Macclesfield, where females are extensively employed in silk-work, the deaths of the men number 573, while the mortality of the women is 890. These figures show most sadly the "atrocious sanitary circumstances under which much of our silk-industry is conducted." In the standard northern districts devoted to agriculture the death-rate of the men is 331, and that of the women 333. The preceding averages are calculated on 100,000 of the total population, or of each class referred to.

3. The inquiry concerning tailoring and printing was conducted by Dr. Edward Smith; that concerning dressmaking by Dr. Ord. The evil conditions under which tailors and dressmakers pursue their avocations have long been familiar though unpalatable topics. It is, however, only by incessantly dinning the subject into the ears of the public that we can hope to maintain such headway (little though it may be) as already has been made against these conditions, or further destroy that apathy and selfishness, the growth of centuries of conventional habits, which chiefly foster them. Mr. Simon justly states of Dr. Smith's report of tailoring, that "no industry which has been yet investigated has afforded a worse picture." The overcrowding and ill-ventilation of tailors' workplaces are excessive. Printers suffer less from close packing and foul air; but they are in a worse case in these respects than dressmakers. In all the three industries the workplaces, as a rule, are defective in the extreme in whatever relates to healthy requirements. Moreover, in all overwork prevails,—"overwork which is systematic, not occasional,—overwork which, with rare exceptions, pervades each industry more or less as its rule,—overwork which, even if the workplace were well ventilated, would of itself suffice to breed disease."

As regards overwork, Mr. Simon, although not in any degree contending that the overwork of adult men is a matter for legislative interference, holds "that younger persons ought to be protected against extortionate and merciless taskmasters or parents; that even adult women, at least when collectively employed, ought also to be fenced round with such imperfect protection as law can give them against overwork." In principle, protection to this extent has been affirmed by the Legislature.

As regards the sanitary conditions under which work is pursued, Mr. Simon insists that the first sanitary right of workpeople, theoretically considered, shall be secured to them: "the right that whatever work their employer assembles them to do shall, so far as depends upon him, be, at his cost, divested of all needlessly unwholesome circumstances." The whole question of the sanitary circumstances of labour, he avers, demands very urgently the consideration of the Legislature. He supports his opinions by the large excess of mortality from pulmonary diseases amongst tailors and printers, as shown by Dr. E. Smith; also by the facts respecting industries supplied by his previous reports, and by the overwhelming statistical evidence in the mortuary return, already referred to, lately laid before Parliament. He finally submits that, "in principle, the sanitary claim is universal. And," he adds, "in the interest of myriads of labouring men and women, whose lives are now needlessly afflicted and shortened by the infinite physical suffering which their mere employment engenders, I would venture to express my hope, that universally the sanitary circumstances of labour may, at least so far, be brought within appropriate provisions of law, that the effective ventilation of all in-door workplaces may be ensured, and that in every naturally insalubrious occupation the specific health-endangering influence may, as far as practicable, be reduced."

4. An inquiry as to the extent to which ague and other malarious diseases now ordinarily prevail in the districts which have the reputation of breeding them was carried out by Dr. George Whitley, who reports that marsh-diseases have "been steadily decreasing both in frequency and severity for several years, and this decrease is attributed in nearly every case mainly to one cause, improved land-drainage." Partial exceptions to this rule were found where there was no lessening of malarious influences, and where nearly all, if not all, the improvement had yet to be effected; and instances were more numerous where, though improvement had been made, it fell far short of what was required. In the first category Huntspill and the marshes on the banks of the river Shale are enumerated. In the second category, the districts of Sheppey, Hoo, Spalding, Hull, New Romney, and Lewes are especially referred to. Mr. Simon expresses a hope that landowners and local authorities "will speedily give the furthest proper extension and the fullest possible effect to that system of thorough land-drainage which has already done so much for improving the health of the country."

After the completion of Dr. Whitley's inquiry, it was ascertained that in some entirely rural marsh-districts the habitual mortality of young children was almost as great as in the most infanticidal of our factory towns. Dr. Henry Julian Hunter was instructed to investigate this curious fact. His report will be submitted to special consideration. For the present it will suffice to state the result of his inquiry, which shows that "the monstrous infantine death-rate of the examined agricultural districts depends only on the fact that there has been introduced into those districts the influence which has already been recognised as enormously fatal to the infants of manufacturing populations—the influence of the *employment of adult women*." To the demoralization arising from this employment and the necessary neglect of infants the excessive death-rate is clearly traceable. The causes of death in more than half the number of infants recorded might be summed up in the two significant words "ablactation" and "narcotism." Mr. Simon confesses his inability to suggest a remedy, but he observes that a knowledge of the evils disclosed by Dr. Hunter's report may excuse the profound misgiving "with which he regards any large industrial employment of adult women."

5. Early in 1863 Mr. Simon submitted to the Lords of Council that the influence of sanitary conditions on the curative efficiency of hospitals should be investigated. The suggestion was adopted, and Dr. Bristowe, physician to St. Thomas's Hospital, and Mr. Holmes, surgeon to the Hospital for Sick Children, were instructed to make the inquiry. They were directed "to ascertain the influence of different sanitary circumstances in determining in different hospitals (as compared with one another, and where practicable with private practice) more or less successful results for medical and surgical treatment; particularly among patients who are submitted to surgical operations or have undergone accidental injuries, and among patients suffering from infectious fevers and other kinds of acute disease, and among puerperal women; and with particular reference to the different degrees in which recovery is delayed or prevented by accidental morbid complications."

The inquiry extended to every considerable civil hospital in England and Scotland and the more important hospitals of Ireland. For the purpose of checking the results and increasing the trustworthiness of the inquiry, an inspection was made of the principal hospitals of Paris. The report of Dr. Bristowe and Mr. Holmes is, Mr. Simon remarks, "to be regarded rather as introductory than as final in its subject, for data could not be found for completely answering the pathological question which was proposed. In the vast majority of hospitals no scientific records were kept; and in the rare instances where reasonably good records were seen, these, as kept at different hospitals, were commonly so unlike one another, that no exact or minute comparison between them could be made." But apart from these considerations, the report, to use Mr. Simon's words, "gives a singularly comprehensive picture, and (so far as circumstances permit) a substantially just relative appreciation of the present hospital system of the country;" and although "there must remain for future inquiries many of the more subtle questions which the pathologist is anxious to see solved, yet, for practical purposes, the information now sub-

mitted will importantly assist public judgment as to all broad rules of hospital hygiene."

The report will require careful consideration at another time. In this place we have briefly to indicate the use to which Mr. Simon puts it. He makes it the text for an elaborate examination of the nature of the difficulties with which hospital managers have to contend, and of the materials from which judgment may be formed concerning the skill with which that contest is conducted. He suggests the principles on which, in his opinion, the working of any individual hospital may fairly be criticized by the hospital managers, and may, here and there, to a very limited extent, be compared with other standards.

Mr. Simon asks first, What is the sense in which the word "healthy" may properly be applied to an hospital? To this question he replies: "A 'healthy' hospital is an hospital which does not, *by any fault of its own*, aggravate ever so little the sickness, nor oppose ever so little the recovery, of persons who are properly its inmates. And this," he adds, "the only right sense of the absolute word, governs of course the word's comparative applications; so that when we compare together two hospitals with regard to their 'healthiness,' and call one of them the 'unhealthier' hospital, our meaning is that in this hospital, by reason of some fault of its own, disease cannot be treated as successfully as in the other hospital. And the 'fault of its own,' through which an 'unhealthy' hospital fails to attain the best possible results for its medical and surgical treatment, is one of two kinds: either it is an *inherent fault* of site or construction; or else it is a *fault of keeping*, as dirtiness, or overcrowding, or neglect of ventilation."

The determination of the health-condition of an hospital and its state as compared with other hospitals is of the utmost consequence to hospital authorities. How may this be done?

"Of all the various forms in which medical or surgical unsuccess may become evident," writes Mr. Simon, "*death* is the most unquestionable; and, if proper materials existed for the purpose, hospitals might well be compared with each other in regard to their respective quantities of that particular sort of unsuccess. But in order that such comparisons may be something better than mere arithmetical idleness, it is essential that there be no error as to the principle on which the death-rates are to be estimated. Death-rates, calculated on *given magnitudes of illness*, are (as far as they go) true measures of medical or surgical unsuccess. But a definite magnitude of illness is not necessarily represented by any given number of patients taken indiscriminately. Magnitude of illness (as regards the number of deaths which are likely to result) may be almost infinitely greater in one set of patients than in another equally numerous set.....This consideration is of very great importance as regards any use to be made of the so-called 'general death-rates' of general hospitals. In the present state of knowledge, it would be impossible that general death-rates should be calculated on exact estimates of the aggregate magnitude of illness treated in each hospital respectively. They may, indeed, be calculated on the other principle—calculated on the mere quantity, apart from the quality, of each particular hospital practice. But, when thus calculated, what pathological value can they have? For comparatively measuring hospital unsuccess as against equal magnitudes of disease, they are utterly, even absurdly, inadmissible. Such could only be their meaning if it were first assumed that all the compared hospitals receive cases of equal (or not importantly unequal) gravity and dangerousness to life. But this assumption would be grossly inconsistent with facts. Hospitals, with regard to the quality of cases received in them for treatment, differ not triflingly, but enormously, from one another. Not only does it constantly happen that local circumstances tend to fill some hospitals rather than others with an excess of severe and dangerous cases, but different hospitals act on widely different principles as regards their reception of patients. While some charities recognise no other priority of claim to admission than that which consists in more severe and more urgent illness; while they evince noble pride and emulation in waging an ever precarious contest against the least conquerable forms of disease; and while they, thus competing with one another for the difficulties and dangers of practice, have the dying and even the dead brought in numbers to their receiving-rooms, and have their death-lists swollen by the many defeats which their more arduous practice involves—defeats, however, against which there are corresponding victories and triumphs to be counted,—other hospitals pursue so different a course that their death-rates may well be low."

Mr. Simon strengthens these opinions by a reference to certain tables published by the Registrar-General in his Twenty-fourth Annual Report. In these tables the Registrar-General has calculated a general death-rate for 100 occupied beds, from the mortuary returns of the different hospitals in the kingdom for 1861, and the census returns of the sick population of these hospitals in the same year. Mr. Simon shows the utter fallaciousness of these tables for any hygienic argument. If hospitals are to be compared for any useful purpose they must be compared in very considerable detail, and the materials for such a comparison are not yet forthcoming.

In the mean time, however, we are not without certain trustworthy criteria of the health-condition of hospitals. These are to be sought in the spread of communicable diseases and the origin of traumatic infections. The extent to which these phenomena should guide us in an estimate of the healthiness of an hospital is discussed at some length by Mr. Simon. He also briefly considers the essentials of hospital hygiene and the question of site; and he terminates this part of his report by suggesting—

"That it is, for various reasons, incumbent on the managers of hospitals to cause such records to be kept as may show what work is done in each hospital, and what is the successfulness of the work."

He further suggests—

"That it would conduce very considerably to an improved administration of funds given for purposes of medical charity if some department of the Government were annually to collect all such records, and to publish from them information which would enable just comparisons to be made between the doings of different institutions, and the proportions which such doings bear to the requirements of the respective neighbourhoods. Indeed (Mr. Simon continues), not only with reference to the general hospitals, to which my previous remarks have always referred, but with reference to all medical charities, it seems to me that something of that kind is greatly wanted..... It would be essential to the usefulness of any such publication that the records which it would purport to compare should be records kept on a uniform plan. And very important furtherance might, I think, be given to the general introduction of such a plan if some of our leading hospital physicians and hospital surgeons would confer together as to the tabular forms which in their judgment might best serve to record all useful information, and would combine both to urge the adoption of such forms at their own respective hospitals, and also to recommend similar forms to other hospital officers throughout the country."

The remainder of Mr. Simon's report is occupied by an examination of an inquiry by Dr. Alfred Taylor, under the instruction of the Privy Council, into the dangers arising to the public health from the conditions under which drugs and poisons are retailed; and a summary of the miscellaneous proceedings of the Department in 1863. Dr. Taylor's report and Mr. Simon's observations upon it will demand separate consideration.

In concluding this review of Mr. Simon's sixth annual report we venture to express a hope that he will publish in a separate and compendious form that portion which refers to hospital hygiene. As a guide to the student and the public on this important matter (both being much in need of such an aid at the present time) it would be invaluable.

NOVEL MUSEUM.—Dr. Bonialski, the Russian anatomist and surgeon, lately celebrated his fiftieth anniversary of service in the Russian army by presenting to the Medical Academy of St. Petersburg his unique collection of surgical instruments, gathered with skill and patience during half a century, and containing more than 3000 objects. The collection forms a remarkable museum, where the progress made in surgery during the present century can be studied with advantage.

THE HOSPITAL CONVENTION.

THE International Congress, which has been sitting at Geneva with a view to regulate the position of hospitals and wounded in time of war, has terminated its labours.

Ten resolutions have been adopted and signed, under reserve of ratification, by the representatives of Belgium, Baden, Denmark, Spain, France, Hesse, Italy, the Netherlands, Portugal, Prussia, Switzerland, and Würtemberg. The resolutions differ considerably from the programme first issued, which appeared in THE LANCET of the 20th of August. They are as follows:—

"Art. 1. Ambulances and military hospitals are regarded as neutral, and, as such, protected and respected by the belligerents (as long as they contain sick or wounded). The neutrality would cease should such hospitals have a military guard.

"Art. 2. All *employés* of the hospital, including the almoners, carriers of the wounded, &c., will enjoy the benefits of this neutrality as long as there are wounded to be attended to.

"Art. 3. The persons designated in the above article may, even after occupation by the enemy, continue to perform their duties in the hospital or ambulance to which they may be attached, or withdraw to join the division to which they may belong. Under these circumstances, when their functions shall have ceased they will be escorted to the enemy's outposts by the army in occupation.

"Art. 4. As the *matériel* of military hospitals comes under martial law, the persons attached to those hospitals may not, on leaving, take away with them anything except what is their own personal property. Under the same circumstances, however, an ambulance preserves its *matériel*.

"Art. 5. Inhabitants of the country who give help to the wounded are respected and remain free. The generals of the belligerent Powers are called upon to forewarn the inhabitants of the call made upon their humanity, and of the neutrality consequent thereupon. Any wounded man taken into a house will be its safeguard. Any inhabitant who has taken in the wounded will not be billeted upon or submitted to war contributions.

"Art. 6. The wounded or sick are taken care of, no matter to what nation they belong. Those will be sent back to their homes who, after being cured, are deemed incapable of further service. The others may also be sent home, but on the condition of not resuming arms during the war. The escorts of this service are to be respected as neutrals. The Commanders-in-Chief have the power to hand over to the enemy's outposts the wounded during the combat when circumstances permit it, and with the consent of both parties.

"Art. 7. A distinct flag and uniform is adopted for the hospitals, ambulances, and escorts. On all occasions the national flag must accompany it. A badge may also be allowed to denote a neutral, to be granted only by the military authorities. The flag and badge will bear a red cross on a white ground.

"Art. 8. The general details of these regulations will be settled by the commanding officers of the belligerent Powers, according to the instructions from their Governments."

Article 9 calls the attention of other Governments to this Convention, inviting them to join it. Article 10 states that the ratification of the Convention is to take place at Berne within four months, and earlier if possible.

Correspondence.

"Audi alteram partem."

MEDICAL EDUCATION AT CAMBRIDGE.

To the Editor of THE LANCET.

SIR,—As many inquiries are being made by members of the profession respecting medical education in Cambridge, which are consequent, partly, on the excellent remarks recently made by you in THE LANCET, I think the following particulars may be acceptable to several of your readers, and may spare them some trouble.

The time usually required to obtain either or both of the degrees of Bachelor of Medicine and Master in Surgery is five years; but they may, by hard work, be obtained in four years. If the applicant have been engaged in the study of medicine at a recognised school for one or two years before entering at the University, that time may be counted as part of the period required. These degrees are a qualification to practise in every branch of the profession in any part of the United Kingdom.

The student commences by entering at one of the seventeen colleges; the difficulty in selecting between them being caused by its being very unimportant which he chooses, one offering about as many advantages as another. Caius and Downing are rather the favourites with medical students, because in the former there is a scholarship given annually for Anatomy and Physiology and another for Chemistry; and in Downing, proficiency in Natural Science is taken into account, together with Classics and Mathematics, in the election to the scholarships.

The scholarships at the colleges are a great attraction. They are very numerous (see list of them in THE LANCET, April 12th, 1862), ranging in value from £20 to £80. Some of them are given before admission; that is to say, students come from the various schools at the times when competitive examinations are held, and, if successful, they enter at the college at which they have obtained the scholarship. The times of the examination vary: they are announced some months beforehand in *The Times* and other papers under the head of "University Intelligence;" and information respecting them, at each college, may be obtained from the tutor of the college. Parents of intelligent lads who are intended for the profession will do well to have an eye to these scholarships, for they are often attainable easier than is supposed. The masters of the several schools can commonly give information and advice respecting them. Other scholarships are given by examination after a year's residence.

The fellowships, which are also very numerous and of greater value—£200 or £300 a year, tenable for several years—are given to those who stand highest in the honour examinations in Classics and Mathematics and occasionally in Natural Sciences. These examinations take place after three years' residence: it is optional with medical students to go in for them. Such high prizes are, of course, not obtainable without hard work, and an almost exclusive devotion to the special subjects of the examination. Still it is no uncommon thing for those who have gained fellowships to begin the study of medicine; and the rigorous ordeal they have gone through is an admirable preparation.

Seventeen or eighteen is the best age for the student to come to the University who intends to go out in medicine.

Having selected and entered at his college he keeps terms by residence at it for three years. The first year or year and a half he works at Classics and Mathematics in his college, and passes the "previous examination," alias the "little-go," in those subjects. After that he may continue the study of Classics and Mathematics, if he pleases, and, passing either the ordinary examination or the honour examination in those subjects, may take the degree of Bachelor of Arts; or he may devote himself to the study of Natural Science, and, passing the Natural Sciences Honour examination, may so take the degree of B.A. This is a favourite plan, combining many advantages; the subjects being akin to medical study—Botany, Chemistry, Comparative Anatomy, &c.,—and the student is not required to be re-examined in any of these in which he has shown proficiency; so that this constitutes a sort of preliminary medical examination, at the same time that it admits to the degree of B.A. with honours, and renders it possible to obtain the medical or surgical degrees in four years from entrance at the University.

The third course is, after passing the previous examination, to commence the study of medicine at once, by attending the practice of Addenbrooke's Hospital, and the lectures of the professors on Anatomy, Chemistry, Botany, Medicine, &c.; and to continue doing so to the end of the three years during which residence is required.

Four years of medical study are necessary before a degree can be obtained. Part of this time must be spent in Cambridge, and the remainder may be at any recognised medical school.

The expenses in Cambridge, including lectures &c., are about £150 per annum: they need not be more. Part of this will be defrayed by a scholarship or exhibition, if the student is fortunate enough to obtain one.

Though the rewards for the study of medicine and the collateral sciences are not very great—not so great as they ought to be, and as we hope they ere long will be,—yet the rewards for those studies which form the best basis for the education of a medical man, whether he is to be a physician, a surgeon, or

a general practitioner, are most liberally given in scholarships, exhibitions, and fellowships; so that if a youth have been well trained at school, and be industrious and of fair talent, he may pass into the profession more cheaply through the University than in any other way; to say nothing of the many additional advantages he will gain.

I am glad that the subject is attracting your attention: for it is highly desirable that our profession should put in its claim to a larger share of the aids to education which Oxford and Cambridge have to give—and it is quite open to it to do so. There is not a shadow of favouritism here. Those who are intended for the profession have only to come and to show that they deserve honour and reward, and they are sure to get it. In such a contest they ought not to be absent or behind, if the profession is to maintain its proper place in the estimation of the public.—I am, Sir, your obedient servant,

Cambridge, Sept. 5th, 1864. G. M. HUMPHRY, M.D. Cantab.

To the Editor of THE LANCET.

SIR,—It is not essential to give consideration to the fact, admitted on all hands, that the medical profession stands in much need of those encouragements and rewards that crown the successful labour of years of activity in other professions; still less need I dwell upon the equally admitted want of those munificent prizes which candidates for other professions often find to provide them with an income, while the first years of their professional career are spent in making their position and name. But, while admitting this need, it would better become the profession to moderate the envious tone they bear towards the more favoured, and, while acknowledging thankfully those aids and endowments which its members already possess, to wait till its own influence and increasing merit give it in the world's eye the honour which is its due. Let its own dignity be the inducement for benefactors to bequeath annuities for those who are joining its ranks with class honours; let its own decorum commend itself; let it not cry out loudly and reproachfully, as if to force those who hold the reins to give it the portion of others; and let it be content now with the crumbs—a day may come when it probably will have bread enough, and to spare.

This result must be, and is being brought about; but can only be accomplished by raising the standard and class of those who become medical practitioners. Nothing can be more gratifying than to see in our great Universities, especially Cambridge, the large increase of those who declare for Medicine. But if Medicine has sent many of her children to the Universities, she must not exclaim with vexation, and talk of injustice, if these children do not reap the University emoluments for their medical attainments. Medicine must not claim what the Church, Bar, and other professions do not claim. Medicine, like Divinity and Law, is a supplementary study of the University; and as it does not offer emolument for proficiency in either of the latter, why should it be accused of unfairness if the same rule is followed with the former? A University education is not intended to make either ministers, barristers, or physicians. The University course is intended to train the mind intellectually and morally, and fit it for any exigency in life; refine the feelings, tastes, and manners, and to send into the world polished gentlemen; and it is as much the three years' residence and the University association as the course of study that accomplishes this end.

The studies which the University of Cambridge first prescribed, apart from the ordinary degree, were Mathematics: taking honours in this branch, if within a certain limit, gave some claim to the reward of fellowship of the college of which the successful candidate was a member. Subsequently the University prescribed Classics, but candidates for these honours were obliged first to take a degree in the Mathematical Tripos; afterwards they gave the degree for classical distinction alone, but for a long time the colleges kept back from bestowing their gratuities on a pure Classic, unless he strengthened his degree with Mathematics, the standard being considered below that of the last-mentioned subject. But time raised the standard. The necessity of the mathematical examination being removed, the Classics were able to undertake their subject unfettered. This made a great increase of candidates for classical honours. The first class then became larger, and, position in it requiring the most assiduous labour of the finest intellects, the Colleges were compelled to recognise their merits and give them equal benefits with mathematicians.

The Natural and Moral Sciences were afterwards prescribed, first on the same footing as that on which Classics was introduced, a degree in Mathematics or Classics being essential. Now this restriction is removed from them also, and a B.A. degree is conferred on those who pass in either of these triposes. But, in the same manner, the Colleges are unwilling to admit the standards as being equal to those of the two older triposes, and therefore do not feel bound to give any emolument even to the most proficient. It is therefore necessary that the numbers of candidates increase, and that the first class be sufficiently large to prove that high distinction in it is the result of the long concentration of every mental energy similar to that needed for high distinction in Mathematics and Classics. When the standard is proved by this test, no doubt Natural Science will take its right place in the University, and share its honours and emoluments. There is a very favourable feeling, I know, among the heads of several Colleges, to encourage and give adequate rewards for scientific study; and Natural-Science attainment has been allowed to weigh in the adjudication of one or two fellowships. But all will hail with joy the day when the Natural Science Tripos raises its own standard by the influx of men of the highest intellectual capability; when, no doubt, Colleges will find themselves bound to give Natural-Science honours the just reward of meritorious labour.

There is one very strong argument—viz., that the Natural Science Tripos favours too much the specific study of Medicine. But let it be remembered in answer, that though the tripos takes in some of the studies required for a medical degree, yet it takes in others besides, and very many of the candidates pass in Geology and Mineralogy, and its men do follow all professions.

Let the coming race of students in medicine be highly educated in the Universities in any branch of training it is their pleasure to follow under the University rule, and reward will be given where reward is due; let them help to honour the Natural Science Tripos, and it will honour and reward them; let them pursue their medical studies after their University course, and our profession will be adorned with brilliant stars. But let the medical profession remember, that the Universities are not large medical schools where they can send their sons to obtain a medical education at a less cost than in London; but that the Universities will give their sons the moral and intellectual training of a gentleman, and after this, if they desire it, the Universities will add a special degree in any of the great professions, second to none in the world.

I am, Sir, your obedient servant,

September, 1864. CANTAB.

OVARIOTOMY, AND THE WORTH OF ITS STATISTICS.

To the Editor of THE LANCET.

SIR,—Owing apparently to a communication of mine, under the above title, in THE LANCET some weeks ago, I find myself, much to my astonishment, more or less alluded to in your last impression in phraseology which it is to be regretted any member of our profession should employ. I select the following: "misconstruction," "violation of the laws of truth," "weakness," "disregard of accuracy," "personal assumption," "mischievous misstatement," "hopelessly involved" (as to style), "unmeaning," "ill-considered statements," "accuse somebody of manslaughter," "false," "ludicrously wrong," "spite," "manufacture of professed quotations," "loose assertion," "something looking like mental aberration—eminently picturesque;" and, as if disappointed that this offensive stock had come to an end, Dr. Wright goes out of his way to allude most unjustifiably to the utterly irrelevant but well-known circumstance of my temporary but partial withdrawal from London for health's sake, as "without professional residence."

It is not usual, I know, to take notice of mere personal vituperation, and my first impression therefore, on reading this production of Dr. Wright, was against troubling you again on the matter; but it has been strongly represented to me that this course would be scarcely respectful to the leading medical journal of the kingdom, which takes upon itself to so great an extent the responsibility as to the *bona fides* of the scientific statements of its correspondents. So I am induced to ask you for space enough for a little more extended proof that I did not go beyond facts in my former communication.

1. The death rate of ovariotomy I represented as not diminishing, referring to my experience at the Samaritan Hospital and to Dr. West's book. Dr. Wright attempts to refute this on

the same authority. I copy from West, p. 600, 2nd edit.: "The mortality in cases of complete ovariotomy, according to Atlee, down to the year 1860, may be stated at 32·27 per cent. The mortality, according to Mr. Brown, Mr. Hutchinson, Dr. Tyler Smith, and Mr. Spencer Wells, all of whose operations have been performed subsequent to that time, amounts to 30·3 per cent." Again: "The results of Mr. Spencer Wells's cases, subsequent to the publication of his paper in the 'Medico-Chirurgical Transactions,' show no progressive diminution in the dangers of ovariotomy. Of his first 50 cases, 17 died; of his last 43, 15 died. (The result of which Mr. Wells kindly communicated to me by letter in April of the present year, 1864—Foot-note.) And the fractional difference between the mortality of the two series of cases shows a slight accidental increase of the death rate of the latter." Again: "A division, too, of such of the cases tabulated in the appendix to Dr. Clay's translation of Kiwisch 'On Diseases of the Ovaries' as have any date assigned to them, into two classes, according as ovariotomy was performed before 1855 or afterwards, would even show that the fatality of completed operations had increased from 43 to 46 per cent." For any inconsistency between these most positive statements in Dr. West's book, p. 600, and that one quoted by Dr. Wright from p. 603, I am not accountable.

2. I gave an abstract from our hospital Case-book, to the effect that, from 1861 to 1864 inclusive, the total number of cases at the Samaritan was 88: 43 ovariotomy, 27 tapping, 18 nothing done; death rate, 27 per cent.; cases rejected, 45—more than 50 per cent. And this is the fact. Dr. Wright says this is untrue, and appeals to our Report for 1864. I refer Dr. Wright back again to the hospital Case book; and in case of any discrepancy between the Report and Case book, I refer him to Mr. Wells, whose duty it was (so I learn) to superintend the former.

3. Dr. Wright says he has good reason to believe (I should be glad to know upon what grounds) that I am absolutely wrong in some statements about Mr. Brown's cases; and the last part of my quotation from Dr. Hewitt's book he calls a "manufacture." Speaking of the rejection of unpromising cases as a principle, I make Dr. Hewitt say, "In this way is shut out from many a patient her only chance of cure." Dr. Hewitt's words are, "Shut out from some patients, who might be cured, the possibility of such cure." The inverted commas included too much. Dr. Wright is welcome to make what he can of the inadvertency. It is the only inaccuracy in my letter. Further on he says I impute to Mr. Brown the words "simplest in surgery," as distinguishing the ovarian operation. Now, as to "imputation or insinuation," I refer Dr. Wright to Mr. Brown's lecture, Feb. 13th, 1864, and to his approval of my letter in THE LANCET of Aug. 27th, 1864.

4. In illustration of ovarian statistical peculiarities, I mentioned incidentally that up to the end of 1862 Mr. Wells reported all his cases, hospital and private; the former only since that date. Dr. Wright admonishes me on the mischievous effects of such a misstatement, and hints at some possible injury thereby to the Samaritan Hospital. Mr. Wells's statement in the *British Medical Journal* was voluntary, and the fact that nearly a third (100—31) of his cases remained unreported became at once self-evident. I take leave to admonish Dr. Wright in my turn, not of the mischievous effects, but of the ludicrous effects, of his referring for the report of the 31 missing ovarian cases to a foot-note of less than two lines, and scarcely a corresponding line of text, at page 600 of Dr. West's book.

As to any injury accruing to the Samaritan Hospital, all I have to say is, that if that institution will not stand up against the ventilation set going by the recent decision of the governors, nor the medical officers sustain the wholesome competition likely to ensue, the sooner both go down the better. The "spite" Dr. Wright hints at exists only in his own imagination, and the greatest harm to the hospital I can imagine, would be Dr. Wright's continued interference in its affairs.

It would obviously be much more to the interest of Mr. Wells if Dr. Wright would allow him to speak for himself; but as he will assume the championship of that gentleman without waiting for him to be attacked, I, amongst many, should be glad to hear what he has to say to the following.

It is known to be Dr. Farr's annual custom to present to the Registrar-General a statement as to the causes of death in England. His statement for 1862 has just been issued, and I find in *The Times'* abstract of it this paragraph:—"A bold operation is now practised for ovarian dropsy, and Mr. Spencer Wells considers that 185 women who died in that year might have been saved by surgery."

Clay, of Manchester, commenced his long series of operations in 1842; Bird and Lane in 1843; Brown in 1852. In short, during the twenty years immediately preceding this year (1862) ovariotomy was in constant and active operation, the number of cases of ovarian disease thus treated by the above-named operators respectively being—Clay, 107; Lane, 11; Brown, 58; Bird, 32. Mr. Brown says he commenced his ovarian researches in 1844. His first operation is recorded in Clay's "Kiwisch" as performed in 1852, but this even is ten years prior to the year "specially reported by Dr. Farr as distinguished by a certain bold ovarian operation now practised."

It is obviously a matter of the highest importance to ascertain what difference there may be between the operation performed by these several celebrated ovarian authorities (who never pretended to any kind of diagnostic assumption), and that one alluded to or performed by Mr. Spencer Wells, for want of which 185 women lost their lives in 1862.

I copy from the last edition of West the following, the truth of every word of which I myself could amply prove:—"The diagnostic difficulty does not seem as yet to have been diminished by all the attention that has been bestowed upon it, and the well-skilled tact of those who have oftenest performed ovariotomy appears in this respect to give to its possessor but little superiority over the novice." Mr. Brown avers, in his letter in THE LANCET of Aug. 27th—"No positive diagnosis can be made without an exploratory incision." The first incisions, in fact, of the operation ought ever to be diagnostic. Then how did Mr. Wells ascertain that the lives of these 185 women "could have been saved by surgery"? Did each of them undergo the preliminary incisions which we are assured on the highest authority are essential to a respectable diagnosis?

Mr. Wells informs us that his ovarian career commenced in 1858, four years before this memorable year 1862. Is it quite fair to pass over the distinguished ovarian authorities of the previous twenty years?

In a professional point of view, the publication of far too many ovarian cases is, unhappily, nothing less than a departure from all rule and principle. Two Samaritan cases not long ago found their way into the *Illustrated London News*, with editorial flourishes as to the weight and size of the tumours. And it has repeatedly occurred that the numbers of Samaritan ovarian operations indexed on the title-page of one of the medical journals has been just double the number of the cases referred to in the body of the work. Such a custom, I think, would best be honoured by its non-observance. Any way, as I have reason to know, it is a custom especially embarrassing to the ovarian inquirer.

Dr. Wright—whose style in this instance reminds one of a marine store, where you find everything but what is good—hopes he has been most tellingly sarcastic as to the word "shovel." A style of writing which includes in about twice as many lines between twenty and thirty words lamentably personal, without a single word of proof of anything attempted to be established, I deem an instance of rather a free use of the shovel.

I am, Sir, your obedient servant,

HENRY SAVAGE, M.D. Lond., F.R.C.S.,
Senior Medical Officer of the Samaritan Hospital.

Samaritan Hospital, Sept. 1864.

THE MEDICAL OFFICER OF HEALTH FOR ST. MARYLEBONE.

To the Editor of THE LANCET.

SIR,—When I first entertained the idea of offering myself as a candidate for the post of Health Officer for St. Marylebone, it was in the belief that the appointment of a certain individual had not been predetermined, and that each candidate would have both a fair field and fair play. I supposed that the choice would be determined by qualifications, and that the best man would have the greatest chance of success; that a majority of the vestry understood the duties and functions which properly belong to an officer of health; and, finally, that the officer selected would be treated with that consideration and respect which he individually had a right to look for, and which it was necessary that he should receive to enable him to perform his duties in an efficient and independent manner.

I find that on all these points I have been mistaken; that the appointment has already, and I may say, indeed, has long since been virtually bestowed upon another who is himself a vestryman; that, with a majority of the vestry, qualifications are allowed to prevail scarcely to the extent of a feather's

weight; and that, so far from desiring to choose the man most qualified for the office, their choice has already been determined mainly by private and personal considerations. I find, further, that great ignorance prevails in the minds of many vestrymen as to the proper qualifications and duties of a sanitary officer: special scientific attainments and sanitary knowledge they regard with marked disfavour, and consider that his sphere lies in the detection of bad odours and the use of chloride of lime and whitewash. They know nothing about, and many of them are incapable of appreciating, the subtle influences which induce disease, or the nature of those means which should be employed to obviate its occurrence. Lastly, the fact has been impressed on my mind that but few men could hold the appointment of officer of health for St. Marylebone without being subjected to indignities to which no gentleman ought to be called upon to submit, and which few men would be willing to encounter. The late Dr. Thomson, I am grieved to learn, was at times sorely tried by conduct which only an individual of a very forbearing disposition, and one actuated by a high sense of duty, could have tolerated; while for myself, I have been informed that even less consideration would be shown in the event of my election. One influential vestryman remarked, "Well, if your friend is a gentleman, and succeed in getting the appointment, I pity him the fate that awaits him." Another well-known vestryman observed to myself, "If you get in you will be insulted, bullied, and in fact, Dr. Hassall, they will worry you to death." While a third—one of the few who will undoubtedly give his vote for the candidate best fitted for the office,—when the case was put to him in a personal form, exclaimed, "I would sooner break stones than be placed in such a position!"

Under these circumstances, I desire it should be known that I am no longer a candidate for the appointment; and I make this announcement with a sense of great relief. I may state further that I was induced to become a candidate not merely from the considerations to which I have adverted in the opening paragraph of this letter, but also in consequence of the wishes and opinions of a very large number of my professional brethren resident in the parish. To these gentlemen, as well as numerous friends who have thus honoured me with their good opinion and confidence, and who interested themselves in the matter, I beg to tender my warmest thanks.

With one other remark I close this letter, in the hope that I may not have occasion further to trespass on your valuable space. Mr. Nicholay and others have, for their own purposes, studiously misrepresented the nature of my qualifications and pursuits. They have referred to me simply as an analyst and microscopist, ignoring the fact of my having held important sanitary appointments, of my being senior physician to a metropolitan hospital, and daily engaged in practice as a physician.

Thanking you, Sir, for the part you have taken in this important public and professional question,

I remain your obedient servant,

ARTHUR HILL HASSALL, M.D. Lond.

Wimpole-street, Sept. 8th, 1864.

THE PROVIDENT FUND AND THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of THE LANCET.

SIR,—I have addressed the enclosed letter to the many gentlemen with whom I was in communication last year on the subject of the Provident Fund. I send a copy to you (and also to your contemporaries), that it may, if you see fit, receive further publicity in your columns.

I am, Sir, faithfully yours,

Stroud, Sept. 4th, 1864. R. B. CARTER, F.R.C.S.

DEAR SIR,—The time has at length arrived at which I can make to you a definite report on the subject of the proposed Medical Provident Fund.

In the summer of 1863, I had already obtained the necessary statistical information, and hoped to see the Fund speedily established, when I was informed that Dr. Richardson, at the Annual Meeting of the British Medical Association, was about to move for a committee to inquire into the whole subject. In consequence I attended the meeting at Bristol, and my name was added to the list of the proposed committee, which was directed to report to the next meeting of the Association, at Cambridge.

Feeling sure that affiliation to the British Medical Association would be highly beneficial to the Provident Fund, and feeling also that the report of the committee would deservedly carry far more weight than the labours of any individual, I willingly ceased from independent action in the matter, and gave all the assistance in my power to the framing of the committee's report. With that report I am well satisfied in all respects but one, with regard to which I appended my individual protest against the views of my colleagues. The report and protest have been published in the medical journals, and have doubtless already fallen under your notice.

The report was adopted by the Association, and Dr. Richardson was appointed chairman by the vote of the annual meeting. At an early meeting of the Committee of Council the Council Directorate will be chosen, and the various branches will be called upon to elect their directors. When this is done the Board will be fully constituted, and will be in a position to admit members, with a view to the commencement of sick payments in July, 1865.

The first duty of the Board, however, will be to decide points left open by the report, and consequently left open by the vote of the annual meeting. First among these questions will be the subject of my protest—namely: Shall the Provident Fund be open to all members of the profession, or shall it be limited to members of the British Medical Association.

The majority of the committee, who were and are in favour of the limitation, regarded the matter from an Association point of view. I mean that they are old members of the Association, that they have laboured for it in various ways for many years, that they are proud of its progress, and hopeful of its future. They think that it will become an important political engine for the elevation of the profession, and a power that the Circumlocution Office will not be able to ignore. They think that the Provident Fund will strengthen the Association, and they therefore welcome it for the sake of the Association, rather than for the sake of the men who will chiefly need its help. I, on the other hand, and those who think with me, while we should rejoice to see the most sanguine anticipations of the friends of the Association realized, yet feel that there are many practitioners whom sickness would render destitute. There are men of small capital striving to establish themselves, there are qualified assistants who aid in maintaining widowed mothers or younger brothers and sisters, and there are established practitioners who, from local circumstances, are almost precluded from earning incomes sufficient for their needs. I conceive that it would be an act of cruelty to call upon such men to subscribe an annual guinea to the British Medical Association, before admitting them to become members of the Provident Fund.

But as many of my colleagues in the committee differ from me, and think that such a call ought to be made, I am tempted to ask what return the guinea will bring. The political and other anticipated benefits are not yet realized. The meetings and speeches and dinners are necessarily limited to men in comparatively easy circumstances, and the less affluent members receive for their subscription only a copy of that *Journal* upon which about ten-elevenths of the income of the Association are expended, and which must always, from the operation of commercial laws, be inferior to its contemporaries that are maintained by private enterprise. The present deplorable position of the *Journal*, and its recent advocacy of superficial attainments and of trading greed, although they cast some reflected discredit upon the Association, are yet mere accidents, due to causes that are temporary, or, at least, that admit of being removed. Still the fact that such accidents are possible, that they have occurred, and may recur, increases the hardship of asking any man to pay for a publication that may offend his taste and judgment in every number, and that he cannot discontinue without forfeiting his right to obtain provision during sickness.

I apprehend, however, that the organization of the Association, apart from the *Journal*, would be of great value to the Provident Fund, and I think that the subscribers to the Fund should be prepared to pay for the use of that organization. I would suggest, therefore, that every subscriber to the Provident Fund should contribute two shillings a year to the executive expenses of the Association generally—that being rather more than the proportion of the ordinary subscription that is not absorbed by the *Journal*,—and that the Board of Directors should be applied to as soon as formed to admit subscribers upon such a basis.

That such a proposal may be acceded to, those who are in favour of it must bestir themselves. They must endeavour to procure the election, by the branches in their respective neigh-

bourhoods, of directors who will support it at the Board; and they must seek to obtain the names of practitioners who wish for admission on the terms proposed. I should like the directors to consider the question of limitation under the pressure of 200 or more applications from gentlemen who are not members of the Association, and who are prepared, in the event of being refused, to establish a separate fund of their own. From all such I shall be most happy to receive communications.

I have observed in the journals some letters criticizing the Report of the Committee, and suggesting various improvements. To all these letters there is one reply. The suggestions of the writers are usually practicable—at an increased rate of subscription. There is no reason why the Provident Fund should not extend its operations in many ways; but it is best to begin cautiously, and to wait for experience before attempting too much.

I am, dear Sir, yours very faithfully,
ROBERT BRUDENELL CARTER, F.R.C.S.

Stroud, Gloucestershire, Sept. 1864.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your giving insertion to the following correspondence, which will inform the Poor-law medical officers that there is a prospect of some relief being yet afforded them; whether that relief will be of a substantial character or not time will disclose. A liberal measure on the part of the Poor-law Board may tend to allay much of the present dissatisfaction which prevails amongst their medical officers; the reverse will most certainly drive us to lay our grievances before the House of Commons next Session, and woe betide those members at the general election who turn a deaf ear to our complaints. I have votes in two counties and a borough, and it is my intention to give my support to those six members only who will promise their aid to an equitable adjustment of the system of Poor-law medical relief. If all the medical practitioners would do the same the grievances of the Poor-law medical officers would quickly vanish.

I remain, Sir, your obedient servant,
12, Royal-terrace, Weymouth, Sept. 1864. RICHARD GRIFFIN.

12, Royal-terrace, Weymouth, Aug. 22nd, 1864.

MY LORDS AND GENTLEMEN,—On the 11th of last March the Select Committee on Poor Relief recommended "that in future cod-liver oil, quinine, and other expensive medicines shall be provided at the expense of the Guardians, subject to the orders and regulations of the Poor-law Board." As some months have elapsed since the recommendation was made, I take the liberty to ask the favour of your informing me if it is your intention to issue any order on the subject, or whether you propose to bring the recommendation of the Committee before Parliament next Session. I make this inquiry on public grounds, as many Poor-law medical officers have written to me respecting the recommendation.

I have the honour to be, my Lords and Gentlemen,
Your obedient servant,
The Poor-law Board. RICHARD GRIFFIN.

Poor-law Board, Whitehall, Sept. 2nd, 1864.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 22nd ult., and to inform you that the subject to which you refer has been under their consideration; but that they have not yet come to a decision as to the measures which it may be desirable to recommend the guardians of the different unions to take with reference to the resolution of the Select Committee on Poor Relief as regards the supply of expensive medicines.

The question, however, will receive the attention of the Board forthwith.

I am, Sir, your obedient servant,
H. FLEMING, Secretary.

Richard Griffin, Esq., 12, Royal-terrace, Weymouth.

THE BURIAL-GROUND AT SCUTARI.

To the Editor of THE LANCET.

SIR,—With reference to an article that appeared in your journal of the 20th of August on the above subject, I addressed a letter to Earl Russell, and stated that I had ventured to do so as the father of a beloved and lamented son who was interred at Scutari. I think it will be satisfactory to the feelings of many, whose deceased relatives are buried there, to read the following prompt and decisive reply to my letter, for which I feel very grateful to his Lordship.

I am, Sir, your obedient servant,
Christ's Hospital, Hertford, Sept. 5th, 1864. GEORGE LUDLOW.

Foreign Office, Sept. 3rd, 1864.

SIR,—I am directed by Earl Russell to acquaint you, in reply to your letter of the 27th ultimo, that measures will be taken for the protection of the British Cemetery at Scutari.

I am, Sir, your most obedient humble servant,
George Ludlow, Esq., Christ's Hospital, Hertford. E. HAMMOND.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 1st inst.:—

Bramhall, Sykes, Clifton.
Britton, William Samuel, Acacia-road, St. John's-wood.
Grellet, Charles John, Lloyd-street, Lloyd-square.
Hickenbotham, James, Birmingham.
Hughes, David, Charing-cross Hospital.
Powne, Benjamin Lamb, Billingborough, Lincolnshire.
Thursfield, Thomas Greville, Brosley, Salop.
Vise, William Foster, Spalding, Lincolnshire.

The following gentlemen also on the same day passed their first examination:—

Pitcher, Arthur Henry, St. Thomas's Hospital.
Rogers, Henry Cripps, St. Bartholomew's Hospital.

UNIVERSITY OF EDINBURGH: PROFESSORSHIP OF SURGERY.—The Court of Curators of the University of Edinburgh on Wednesday last elected Mr. Spence to the Professorship of Surgery, vacant by the decease of the late Professor Miller. The contest lay, as was foreseen, between Mr. Spence and Mr. Lister, of Glasgow. Opinions were greatly divided, and the decision appears to have been arrived at not without difficulty. Mr. Spence was elected by a majority of one.

M. NELATON has just received a very handsome gold medal from the Italians resident in Peru as a token of their gratitude for his attendance at La Spezzia.

MEDICAL CHARITIES.—The late William Salt, Esq., banker, of Lombard-street and Park-square, Regent's-park, has bequeathed to the Stafford Infirmary and the Northern Dispensary, Euston-square, the sum of £200 each, free of legacy duty.

FALLACIOUS STATISTICS.—The following extraordinary announcement appears in one of the leading journals:—"From an official document just issued, it appears that on the last return there were as many as 1,142,624 insane paupers."

TYPHUS FEVER AT MECCA.—The pilgrims travelling to Mecca to visit the tomb of the prophet have introduced typhus fever into the city, which has suffered most severely from its ravages.

PROFESSOR LAWSON, Lecturer on Physiology at the Queen's College, Birmingham, and in the department of Science and Art, South Kensington, having resigned the appointment, has been elected Joint Lecturer on Physiology and Histology at St. Mary's Hospital Medical School, London, with especial charge of the department of Histology.

QUEEN'S COLLEGE, BIRMINGHAM.—Dr. Foster has been elected Professor of Anatomy in this College on the recommendation of the medical faculty. They have recommended that Mr. Lloyd should succeed Dr. Foster in the Chair of Descriptive Anatomy, which the Council will no doubt endorse. Dr. Willoughby Wade has resigned his appointment of the Chair of Practical Medicine, on the ground of increasing private professional duties.

VACCINATION AND SYPHILIS.—It is but too true that syphilis has been engrafted upon infants with the cow-pox virus; but a great reaction is at hand, for M. Lukomski *cures* lues venerea by vaccination. We gather this from an article in the *Revue Médicale* of Paris (April 30, 1864,) and from a circular addressed to the medical profession by M. Lukomski. It would appear that, as far back as 1858, the author induced several hospital surgeons of Paris to try his method: the report of the proceedings was highly unfavourable. Undismayed, however,

M. Lukomski applied to various medical men of Russia, of which country he is a native, and found in Professor Popov and Dr. Feltsinsky men willing to give the new method a trial. The latter physician treated about sixty patients in hospital and forty in private practice by vaccination; and he was so successful that he has published a book on the subject. This work is written in the Russian language; but M. Lukomski has been careful to give, in his French circular, the main features of the book. The author considers that the vaccine vesicles run a very peculiar course upon a patient affected with syphilis. They are rather pustules than vesicles, may attain a very large size, and do not present any central depression. They sometimes look like rupia, and when the crust falls off an ulcer is left exactly resembling a syphilitic secondary sore. Many other characters are mentioned; and, as to primary symptoms, the author states that they heal by vaccination, after having passed through a stage of excitement. A great many cures are mentioned, and we hear nothing of reverses or relapses. A more detailed account would also probably tell us how it happens that many successive vaccinations are successfully effected at short intervals upon the same individual.

"SEE THE CONQUERING HERO COMES."—At the late annual meeting of the Ohio State Medical Society Professor Webber offered the following resolution, which was adopted amid tremendous applause:—"*Resolved*, That the thanks of this Society, as well as the good wishes of all the good citizens in the land, are eminently due to our venerable fellow-member, J. G. Rogers, M.D., of New Richmond, Ohio, for the skilful manner in which, on the morning of April 2, 1822, he assisted into this world Ulysses Simpson Grant, the commander of the American armies, the hero of Vicksburg, and the predestined destroyer of the great rebellion." *Quel enfant terrible!*

INQUESTS IN 1863.—In the year 1863 as many as 22,757 coroner's inquests were held in England and Wales—an increase of more than 10 per cent. over 1862. The cost of the inquests, £71,018, was also more than 9 per cent. above the average of the preceding seven years; but the average cost of each inquest, £3 2*s.* 5*d.*, was very little more than usual. The juries brought in 207 verdicts of murder—an increase of 22 per cent. over 1862; 203 verdicts of manslaughter; 1385 of suicide—an increase of 8 per cent.; 323 of death from excessive drinking—more than double the number in 1862; 140 of death from want, cold, and exposure. The verdicts of suicide were on 1048 men and 337 women. Of the whole 22,757 inquests, 6306—two in every seven—were upon children not more than seven years old; and nearly a fifth, 18·8 per cent., of these children were illegitimate. 3664 of the inquests—considerably more than in 1862, and nearly as large a proportion as one in every six—were upon infants not more than a year old, more than a fourth of them illegitimate; and verdicts of murder were recorded in 166 of these cases. No less than 79 of those verdicts of murder—very nearly half of them—were in Middlesex, though the population of Middlesex is not a ninth part of the population of England. The five counties of Middlesex, Lancashire, Cheshire, Warwickshire, and Gloucestershire do not together contain a third of the population of England, but more than half the inquests on the dead infants of 1863 were held in those counties, distinguished for their large towns or manufacturing population.

MEDICAL VACANCIES.

St. John's-wood and Portland-town Provident Dispensary—Surgeon.
Isle of Man General Hospital—Resident Medical Officer, vice Dr. Adair, resigned.

MEDICAL APPOINTMENTS.

L. ARMSTRONG, M.R.C.S.E., has been appointed Lecturer on Anatomy and Dissections at the College of Medicine, Newcastle-upon-Tyne, in connexion with the University of Durham.

W. C. ARNISON, M.D., has been appointed Lecturer on Botany and Vegetable Physiology at the College of Medicine, Newcastle-upon-Tyne.

J. COUTTS, L.F.P. & S. Glas., has been elected Medical Officer and Public Vaccinator for the Poor of the Parishes of Kirkbean, Colvend, and Southwick, Kirkcudbrightshire, vice J. Menzies, M.D., resigned.

R. CUNNIS, M.D., has been elected Medical Officer and Public Vaccinator for the Parish of Tarbolton, Ayrshire, vice J. Gibson, L.F.P. & S. Glas., deceased.

J. DUCK, M.R.C.S.E., has been elected Medical Officer for the District of Wednesbury West in the West Bromwich Union.

D. EMBLETON, M.D., has been appointed Lecturer on the Principles and Practice of Physic at the College of Medicine, Newcastle-upon-Tyne.

N. B. GRIGG, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 5 of the Wellington Union, Somersetshire, vice G. L. Thorne, M.D., resigned.

J. S. JACKSON (of the Dispensary, Preston) has been appointed Dispenser to the North Staffordshire Infirmary, Etruria, Stoke-upon-Trent, vice R. W. Jones, resigned.

J. T. MORRIS, M.D., has been elected Medical Officer and Public Vaccinator for the Deddington District No. 2 in the Woodstock Union for one year.

W. MURRAY, M.D., has been appointed Lecturer on Physiology in the College of Medicine, Newcastle-upon-Tyne, vice R. Embleton, M.D.

T. C. NESHAM, M.D., has been appointed Lecturer on Anatomy and Dissections at the College of Medicine, Newcastle-upon-Tyne.

G. H. PHILLIPSON, M.B., has been appointed Lecturer on Pathological Anatomy at the College of Medicine, Newcastle-upon-Tyne.

W. G. ROGERS, M.R.C.S.E., has been appointed Physicians' Assistant at the Manchester Royal Infirmary and Dispensary, vice A. Godson, M.B., resigned.

S. BOOTH, M.D., has been elected Medical Officer and Public Vaccinator for the Dronfield District of the Chesterfield Union, Derbyshire, vice J. Nicholson, M.R.C.S.E., deceased.

G. STARLING, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Woolwich West District of the Greenwich Union, vice G. D. Harding, M.R.C.S.E., whose appointment has expired.

A. SUDLOW, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Castle Combe District of the Chippenham Union, Wilts, vice J. Hooper, M.R.C.S.E., resigned.

F. TAYLOR, L.R.C.P.L., has been elected Medical Officer and Public Vaccinator for the Woodstock District No. 2 of the Woodstock Union, Vice H. T. T. Palmer, M.R.C.S.E., deceased.

SIDNEY TURNER, M.R.C.S., has been appointed House-Surgeon to Guy's Hospital.

R. WALKER, M.D., Medical Officer for the East Budleigh District of the St. Thomas's Union, Devon, has been appointed also Public Vaccinator, vice D. R. G. Walker, M.R.C.S.E., resigned.

J. WATSON, M.R.C.S.E., has been appointed Lecturer on Anatomy and Dissections at the College of Medicine, Newcastle-upon-Tyne.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

N. ALCOCK, L.K.Q.C.P.I., Assist.-Surg. 35th Foot at Bengal, has been appointed to the medical charge of the Station Staff at Fyzabad, in addition to his other duties, vice Assist.-Surg. D. M. Davidson, M.D., proceeded on leave.

R. L. ALLAN, M.D., has been appointed Assist.-Surg. to the 1st Renfrewshire Artillery Volunteer Corps.

J. AUSTEN, M.R.C.S.E., Surg. R.N. Sept. 21st, 1861, has been appointed to the "Columbine."

A. G. BAIN, L.R.C.S.Ed., Acting Assist.-Surg. R.N., has been appointed to the "Duncan" (additional).

J. BAIN, M.D., Assist.-Surg. Bombay Service, has been promoted to Surgeon.

G. R. BALLINGALL, M.D., Assist.-Surg. Bombay Service, has been promoted to Surgeon.

A. G. BARTLEY, M.D., Assist.-Surgeon attached to the D Battery, has been ordered to assume medical charge of the C Battery 10th Brigade Royal Artillery until further orders.

T. B. BEATTY, M.D., Assist.-Surgeon Bombay Service, has been promoted to Surgeon.

J. BRADLEY, Assist.-Surg. R.N. Feb. 4th, 1861, from Haslar Hospital, has been appointed to the "Caradoc."

G. F. H. BROWN, Assist.-Surg. Bombay Service, has been promoted to Surg.

W. BRUCE has been appointed Surgeon to the Caithness-shire 1st Administrative Brigade of Artillery Volunteers.

C. CAMERON, Assist.-Surg. Bengal Native Infantry, has been appointed to the medical charge of a Detachment of the 8th Bengal Cavalry, in addition to his own duties.

W. CARMICHAEL, M.D., Assist.-Surg. R.N. Dec. 28th, 1857, from the "Immortalité," has been appointed to the "Asia" for temporary service in the "Enchantress."

W. CRADDOCK, M.D., Surg.-Major 1st Goorkha Regt., has been appointed to the medical charge of the Division Staff at Fyzabad.

R. J. B. CUNNINGHAME, M.D., Staff Assist.-Surgeon, has been appointed to do duty with the 52nd Foot at Bengal, vice Assist.-Surg. H. A. Gogarty.

C. O. DANIELL, M.D., Assist.-Surg. Bengal Service, officiating Civil Assist.-Surg. of Moradabad, has been placed in charge of the Gaol at that Station, and invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol.

J. S. DE G. DELMEGE, M.D., Assist.-Surg., has been appointed to do duty with the 48th Foot at Dum-Dum, Bengal.

T. DILLON, M.D., Assist.-Surgeon 9th Bengal Native Infantry, has been appointed to the medical charge of the 2nd Bengal Native Infantry.

J. GILBERT, Assist.-Surg. Bengal Service, has been promoted to Surgeon.

R. HAINES, M.D., Assist.-Surg. Bombay Service, has been promoted to Surg.

J. A. HATCH, L.R.C.S.I., Assist.-Surg. R.N. Dec. 16th, 1861, from the "Investigator," has been appointed to the "Indus."

J. HILLIARD, M.D., Surg.-Major 30th Bengal Native Infantry, has been ordered to assume medical charge of the Divisional and Station Staff at Benares, vice Assist.-Surg. T. W. Sheppard, relieved.

A. H. HILSON, M.D., Assist.-Surg., has been appointed Civil Assist.-Surgeon of Goruckpore, Bengal.

W. G. HUNTER, Assist.-Surg. Bombay Service, has been promoted to Surgeon.

W. KEITH, M.D., has been appointed Surgeon to the 1st Aberdeenshire Rifle Volunteer Corps.

R. W. LAWLESS, Staff Assist.-Surg. Army, has been appointed to do duty with the 35th Foot at Fyzabad.

J. S. LEVIS, M.D., Assist.-Surg. R.N. Dec. 11th, 1860, from the "Narcissus," has been appointed to the "Victory" for Haslar Hospital.

W. J. LEWIS, M.R.C.S.E., Surg. R.N. Sept. 28th, 1861, has been appointed to the "Duncan" (additional).

E. M'GILL, M.D., Assist.-Surg., doing duty with the 7th Dragoon Guards, has been appointed to perform the civil medical duties at Muttra, during the absence on leave of Dr. H. S. Smith, or until further orders.

S. MACKENRICH, M.D., Assist.-Surg. 2nd Bengal Native Infantry, has been appointed to the medical charge of the 8th Bengal Cavalry.

C. MACKINNON, L.R.C.S.Ed., Staff Assist.-Surgeon, has been appointed to the medical charge of the D Battery C Brigade Royal Horse Artillery at Bengal, vice Assist.-Surg. J. B. C. Reade, promoted.

T. MATHEW, M.B., Assist.-Surg., has been directed to assume medical charge of the 2nd Bengal Native Infantry, vice Assist.-Surg. T. Dillon, M.D.

J. MILLS, Assist.-Surg. Bombay Service, has been promoted to Surgeon.

J. T. MOORE, M.R.C.S.E., Assist.-Surgeon R.N. Aug. 1st, 1861, has been appointed to the "Duncan" (additional).

C. K. NUTT, Staff Surgeon R.N. May 28th, 1840, has been promoted to Deputy Inspector-General of Hospitals and Fleets, on the retired list.

J. L. PACE, M.D., 1st Class Assist.-Surg. Madras Army, has been promoted to Surgeon.

A. F. PRESTON, M.B., Assist.-Surg., has been appointed to do duty with the 7th Dragoon Guards at Mutra, Bengal.

J. S. REMINGTON, Assist.-Surg. Bombay Service, has been promoted to Surg.

A. S. RUSSELL, M.D., Assist.-Surgeon 27th Foot, has been appointed to the medical charge of the Brigade Staff at Dinapore, vice Assist.-Surgeon J. Rutherford, M.B.

E. S. SINCLAIR, L.F.P. & S. Glas., has been appointed Assist.-Surgeon to the Caithness-shire 1st Administrative Brigade of Artillery Volunteers.

J. W. F. SMITH, M.D., has been appointed Assist.-Surg. to the 1st Aberdeenshire Rifle Volunteer Corps.

C. STEWART, M.D., Surg. Bengal Service, officiating Superintendent of Vaccination, Agra District, has been ordered to do duty with the A Battery C Brigade Royal Horse Artillery at Morar.

W. THOMSON, M.D., Deputy Inspector-General of Hospitals Bengal Service, has been promoted to Inspector-General of Hospitals upon retiring on full-pay.

A. M. TIPPETTS, Staff Assist.-Surg. B Battery 16th Brigade Royal Artillery at Jubbulpore, has been ordered to afford medical aid to a Detachment of the 1st Bengal Cavalry, in addition to his other duties.

E. W. TROUP, M.B., Assist.-Surg., has been appointed to do duty with the Royal Artillery at Benares, Bengal.

A. TURNER, M.D., Staff Assist.-Surg., has been appointed to do duty with the 27th Foot at Dinapore, Bengal.

T. S. VEALE, Assist.-Surg. 33rd Bengal Native Infantry, has been ordered to assume medical charge of the Station Staff at Ferozepore, in addition to his other duties, vice Surg. J. Hendley, of the 1st Batt. of the 7th Foot.

J. WELSH, F.R.C.S.Ed., Assist.-Surg. Bombay Service, has been promoted to Surgeon.

Births, Marriages, and Deaths.

BIRTHS.

On the 1st ult., at Carnarvon, the wife of Dr. M. Davies, of a daughter.

On the 25th ult., at Paignton, Devon, the wife of C. Pridham, F.R.C.S.Ed., of a son.

On the 28th ult., at Quai du Mont Blanc, Geneva, Switzerland, the wife of J. W. Metcalfe, M.D., M.R.C.S.E., of a son.

On the 2nd inst., at Ilkley, Yorkshire, the wife of T. Scott, M.D., of a daughter.

On the 3rd inst., at Hampstead, the wife of H. C. Rose, M.D., of a son.

On the 3rd inst., at Carnock House, Dunfermline, the wife of W. B. Dow, M.D., of a daughter.

MARRIAGES.

On the 1st inst., at St. Mark's, Old-street-road, Chas. Mackinnon Walmisley, Captain and Adjutant of the 4th and 6th Tower Hamlets Volunteer Rifle Corps, to Harriette Josephine, daughter of Alfred Atkyns, M.D., Surgeon to the London Rifle Brigade, of the New North-road.—No Cards.

On the 5th inst., at Aston Parish Church, Birmingham, William Date, Esq., Surgeon, of Ilkeston, Derbyshire, to Mary, eldest daughter of Joseph John Horton, Esq., Surgeon, of Birmingham.—No Cards.

DEATHS.

On the 11th ult., at Stanger, near Cockermouth, Cumberland, G. F. Nixon, M.D., aged 27.

On the 16th ult., J. Heys, L.S.A., of Gedney-hill, Wisbeach, Lincolnshire, aged 67.

On the 24th ult., at Biggar, Lanarkshire, G. Kello, L.F.P. & S. Glas., aged 70.

On the 25th ult., at Farnsfield, Nottinghamshire, W. Swann, Surgeon, aged 70.

On the 30th ult., E. Astle, Surgeon R.N., of Newcastle, Staffordshire, aged 65.

On the 30th ult., at Carnarvon, Sarah Sinclair, the wife of Dr. M. Davies.

On the 31st ult., at Uppingham, Rutlandshire, Wm. Bates, Surgeon.

Medical Diary of the Week.

MONDAY, SEPT. 12	ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
TUESDAY, SEPT. 13.....	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEDNESDAY, SEPT. 14	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, CALEDONIAN-ROAD. —Operations, 2 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. LONDON HOSPITAL.—Operations, 3 P.M.
THURSDAY, SEPT. 15...	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON SURGICAL HOME.—Operations, 2 P.M. WEST LONDON HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
FRIDAY, SEPT. 16.....	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
SATURDAY, SEPT. 17 ...	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. ROYAL FREE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

THE STUDENTS' NUMBER OF THE LANCET will be published on Saturday next, September 17th. Those gentlemen holding official situations connected with Medical Institutions in the United Kingdom, who have not yet forwarded the necessary information to our Office for publication in that Number, are earnestly requested to send it without the delay of a single post.

Temperance must in great part decide for himself. That which is not only harmless, but beneficial, to one constitution, is unnecessary or hurtful to another. As a rule, moderation is more to be advised than entire and rigorous abstinence.

C. C.—Whatever may have become the practice, we believe that the proper word is *semilunar* in reference to the shape of the seed.

THE communication of *Nimrod* shall appear in an early number.

ON THE LOCAL APPLICATION OF HEAT AND COLD IN SPINAL AFFECTIONS.

To the Editor of THE LANCET.

SIR,—THE LANCET of last week contains an interesting account of the remedial influence of cold in a case of tetanus at the London Hospital, and, by a fortunate coincidence, this account is preceded by a still more interesting description of the pathological appearances of the spinal marrow and medulla oblongata in a fatal case of tetanus at St. George's Hospital, showing that no remedy for this disease can be more rational than that alluded to, which is so well calculated to check or arrest the evident determination of blood to this important part of the nervous system. Further on, in the same number of the journal, there is a letter from a correspondent on the use of heat to the spine in uterine disease, and expressing a regret that there is no method in use by which it can be efficiently applied.

As my attention has been long directed to the therapeutic effects of local heat and cold, and to the best means of applying them, you will perhaps allow me to make a few observations on the subject.

Although the more moderate degrees of cold may often be useful in spinal affections,—including tetanus, epilepsy, and probably hydrophobia,—it can hardly be doubted that a much greater degree than what can be produced by the means generally used would prove more successful. A grain or two of quinine per diem might be useful in ague; but a much larger dose is required to cure it. The placing of a bladder or caoutchouc bag containing pounded ice upon the spine, even allowing (which is rarely the case) that the application is continuous, can produce only a small degree of cold, and probably not so great as what would be produced by a *stream* of water of no lower temperature than that of a deep well, passing through a thin bladder. A stream of iced water would be much more efficient, and still more so would be a stream of brine of a temperature ranging between zero and 32°. Formerly the chance of freezing the skin over the spine would have been the objection to the latter measure; but since it has been ascertained by the use of frigorific mixtures for anæsthetic purposes that congelation of short duration is unattended with the slightest risk, this objection cannot be offered. Instead of a bladder or a long caoutchouc bag, which intercepts much of the cold, a refrigerating fluid (whether it be still or in the form of a current) can be applied directly to the skin by means of a cup or vessel of gutta percha, fitted while soft to the part, and made to adhere to the skin by heating its margin.

I would hope, however, that my endeavours to remove the prejudice to the employment of remedial cold of a much lower degree have not been made in vain. It may be presumed that when we read of the successful application of "ice" in disease, the term is often used as synonymous with intense cold, or with that degree of it, at least, which can only be produced by a combination of some kind of salt with the ice. This must be the case when cold or "ice," as it is called, is used in France (as is mentioned in another part of this number of THE LANCET) to arrest the inflammation in carbuncle, or to prevent the pain of its incision. In a late publication on the subject* I have expressed a doubt, founded on my own experience of its use in that disease, whether actual congelation would arrest carbuncle in its more advanced stages, though it will always render its incision or cauterization painless.

The applications of heat and cold, though generally regarded as local measures of an opposite nature, would appear not to be so. Great changes of temperature, whether it be a rise or fall, often seem equivalent in their therapeutical action. The writer I have above alluded to, who is in search of an efficient mode of applying heat to the spine, would find a modification of what I have termed the "current apparatus" a means of applying any appropriate degree both uniformly and continuously, although probably for such a case as he describes intense cold would be a more suitable remedy.

I am, Sir, your most obedient servant,

Cheltenham, September, 1864. JAS. ARNOTT.

* Contributions to Practical Medicine and Surgery, page 13.

*Mathew B****n.*—The amount and intensity of intermittent fever in our marshy districts are stated upon good authority to be gradually diminishing.

Alpha.—The works of Dr. Copland and Dr. Dunglison.

LUSUS NATURÆ.

To the Editor of THE LANCET.

SIR,—I observed in a late number of your journal a communication from Dr. Warwick, of Belfast, describing a "lusus naturæ" which occurred in his practice, and which he thinks almost a "unique" case.

I had a similar case when holding the appointment of resident obstetric assistant at the Middlesex Hospital last May twelvemonth. The patient was attended by one of the midwives, who sent for me, as the woman had severe post-partum hæmorrhage immediately after delivery. The child was still-born, and, consent having been obtained to remove it, was exhibited by Dr. Davis, the physician-accoucheur, to his class the following morning.

I remain, Sir, yours obediently,

CHARLES T. PYLE,

Amesbury, August, 1864. Late Resident Obstetric Assistant.

Qualified, not Registered.—Registration is the only qualification recognised in courts of law, *quoad* the recovery of debts and the validity of certificates. No unregistered practitioner can hold an appointment under the Poor-law Act.

One who Passed has not authenticated his communication.

MEDICAL LACQUEY.

To the Editor of THE LANCET.

SIR,—None of the correspondents who have addressed you under this head have favoured your readers with any details of their professional standing or social position, which I think is such an important part of the story that, with your permission, I propose to offer them a sketch of mine:—

M.D., M.R.C.S., L.A.C., married, four children at present, name in the Medical Directory, and also in the Baronetage of England, but not as eldest son. I commenced country practice full of high hopes, proud of my profession, and very independent in spirit; but the wife and children have made me sing a great deal smaller than I used, and I am very glad now to have a union appointment and several clubs at sums varying from 2*s.* 6*d.* to 4*s.* a head per annum. I quite admit that 2*s.* 6*d.* is a disgraceful remuneration; but where is the remedy, except in a firm stand out against such by every professional brother in the neighbourhood, and this in my case is impossible, as we have a L.A.C. who would take them for anything he could get. I do not doubt that he would jump at being medical referee at 9*d.* per case, as mentioned by your correspondent in a late number. This would be a little too low for me; but I do not hesitate to say that I should be glad of more clubs at 3*s.* per case. In country districts we cannot all do "good practices," and I say that these clubs in connexion with a union appointment do pay, for they seldom take a man off his district; they help him to keep an assistant, and as the members of them are poor men, who try to help themselves, they deserve to be attended at the lowest possible price. Far greater abuses exist in the Odd Fellows' clubs at 4*s.* per head than in the smaller clubs at 2*s.* 6*d.*; for in the former, tradesmen well able to pay a £20 bill meanly claim the services of a medical man for 4*s.*; whereas in the latter the members, being really poor men, have no chance of paying medical bills.

I hope the wheel of fortune will give a turn in my favour some day; but I and the children must live—the butcher and baker must be paid. So with hay at its present price, and the prospect of everything being very dear next winter, I shall not give up any of my clubs, even at 2*s.* 6*d.*, to satisfy professional brethren more hungry than myself; but, sinking all that independent spirit which has characterized all your previous correspondents, I shall still strive to do my duty in my station, and should I ever have the luck to have a better style of practice than at present, shall pity, but not blame, those whose poverty obliges them to take union and club appointments.

With the present high standard of education required by the examining bodies, I am at a loss to know who is to do the rough dirty work of the profession a few years hence. I have seen enough of it to take care that no son of mine shall join a profession in which, however highly talents may be appreciated, they are in country districts and country public appointments paid in no kind of proportion to their value.

I am, Sir, your constant reader,

September, 1864. LIVE AND LET LIVE.

THE letter of *Josephus* on the "British Medical Association and its Weekly Print" shall be inserted if he will send us his name and address in confidence.

A CORRECTION.

To the Editor of THE LANCET.

SIR,—My letter in THE LANCET of last Saturday contains two errors, which I beg the favour of correcting in your next publication.

I stated as a fact "that I am the *only* medical man in the United Kingdom whose *Christian* name begins with A.," whereas I should have added (and indeed intended to do so) of the name of Hall. I have been informed that though this statement thus corrected is accurate as regards the lists in the Medical Directory, it is not so in reference to the Medical Register for 1864, which contains the name of Augustus R. Hall, Chatham.

I remain, Sir, your obedient servant,

Old Steyne, Brighton, Sept. 1864. ALFRED HALL, M.D.

X. X. X.—The infusions of uva ursi, buchu, and pareira are more frequently employed as vehicles for the drugs named in cases of bladder and kidney diseases.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

George May, Esq., Reading	...	...	...	...	...	£0	5	0
W. H. Moxhay, Esq. ditto	...	...	...	...	...	0	5	0
I. Harrison, Esq. ditto	...	...	...	...	...	0	10	0
J. W. Workman, Esq. ditto	...	...	...	...	...	0	10	0
T. L. Walford, Esq. ditto	...	...	...	...	...	0	5	0
F. Workman, Esq. ditto	...	...	...	...	...	0	5	0
W. B. Young, Esq. ditto	...	...	...	...	...	1	1	0
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Joseph Hinton, Esq., Bath...	...	...	...	...	...	0	10	0
Amount previously announced ...	...	...	...	...	...	57	1	0
Received at THE LANCET Office	...	...	...	...	...	3	11	0

Erratum in last impression:—Read "E. Richardson, Esq., 10*s.* 6*d.*," instead of "10*s.*"

Yours obediently,

ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate-street Without, Sept. 7th, 1864.

Shepton Mallet.—The letter of "J. H. Banks, Physician," to the *Shepton Mallet Journal* is not creditable to his taste. It is to be regretted that he did not consult some judicious friend before sending it for insertion.

CESAREAN OPERATION.

To the Editor of THE LANCET.

SIR,—Can any of your correspondents inform me, through the medium of your journal, how many successful cases of the Cæsarean operation have been performed in England? Your obedient servant,

September, 1864. CÆSAR.

Medico-Chirurgus.—The following is the announcement referred to. The accompanying resolution was unanimously adopted, printed, and circulated by the Cork Medical Protective Association amongst the insurance agents of that city:—

"That we consider less than a guinea for the examination of a life for insurance (a most responsible duty) should not, under any circumstances, be accepted by the profession, and we hope the several insurance agents will aid us in securing justice to the profession in such cases.

(Signed) "J. R. HARVEY, M.D., President.
"April 12th, 1862." "CHAS. ARMSTRONG, Hon. Sec.

Mr. Charles Evans.—We are not acquainted with the merits of the instrument.

THE TREATMENT OF ANTHRAX.

To the Editor of THE LANCET.

SIR,—I perceive by a paragraph in your last impression that M. Guérin, of Paris, has adopted a mode of treatment—namely, the subcutaneous incision—of anthrax which I recommended in a paper read to the Medico-Chirurgical Society in June, 1862, and which I had pursued in practice for many years previously. An abstract of that paper was extensively published in the English medical journals of that period; and Mr. Pritchard, in his address to the British Medical Association on the subject of Carbuncle, alluding to it, said "that it had not outlived the day of its publication."

Now that it comes before the profession from a foreign source, it may receive more attention. However, I claim the invention of the method, and priority in the adoption of its use.

I am, Sir, your obedient servant,

Great Marlborough-street, Sept. 1864. J. G. FRENCH, F.R.C.S.

To the Editor of THE LANCET.

SIR,—In looking over your journal of last week, I find, under the above heading, that M. Schuster, of Paris, recommends the application of ice to the tumour, and states that by benumbing the part in this manner the incision is not felt. I cannot say if this mode of treatment has been brought under the notice of the profession before; but can well recollect eight or nine years ago, during the early years of my pupilage, assisting a gentleman to incise a very large anthrax, situated upon the shoulder. The tumour was first benumbed by the application of a bladder containing the ordinary freezing mixture of muriate of ammonia, nitrate of potash, and common salt. An extensive crucial incision was made with the slightest possible amount of pain to the patient, who made a rapid recovery.

I am, Sir, your obedient servant,

Birmingham, Sept. 1864. HENRY KETTLE.

An Old Subscriber and Constant Reader.—Apply to Mr. Ferguson, Surgical Instrument Maker, West Smithfield.

Mr. Robert Jennings.—The College have declined to grant the *ad eundem* licence.

HAY FEVER.

To the Editor of THE LANCET.

SIR,—Will you allow me to inquire if any of your readers have given a fair trial in the above complaint to the tincture of nux vomica of the Phar. Dub., or the acetate of strychnia, and if so, with what results?

I am, Sir, your obedient servant,

Seaforth, Liverpool, Sept. 1864. G. H. H.

G. S.—We cannot adopt our correspondent's view of the matter. The selling of hair-oil, soap, and honey is not the proper business of a medical practitioner.

R. M. L.—He is not exempt by statute.

HYDRASTIS CANADENSIS IN CANCER.

To the Editor of THE LANCET.

SIR,—If your correspondent, "T. T.," be contemplating a trial of the Hydrastis canadensis in a real case of cancer, a few notes of its effect on a former patient of mine, affected with cancer of the breast, may be worthy his attention.

The patient was an unmarried woman, aged fifty, enjoying remarkably good health, although for the last two years she had been afflicted with a slowly growing and most unmistakable schirrus cancer in the right breast. Several excellent hospital surgeons urged excision, but to this she would not submit; and as no other plan of cure was proposed, I got her, now about two years ago, to try the Hydrastis canadensis, taking five drops of the tincture in water three times in the day, and keeping the tumour constantly wet with a lotion made by mixing two drachms of the tincture with six ounces of water. We tried this for more than a month, using a very strong and concentrated tincture imported by Mr. Twinberrow from New York.

At the end of this time it was very clear that the addition of the hydrastis to the water was quite superfluous; for the cancer slowly and steadily progressed, and I thought the best thing I could do was to advise the patient to go to the Cancer Hospital. She has now attended that institution for many months, and, though far from cured, has certainly obtained an amount of relief from suffering and inconvenience, for which she is truly grateful.

I am, Sir, yours obediently,

September, 1864. JOHN C. THOROWGOOD, M.D.

P.S.—In some forms of ulceration I believe the hydrastis to be really useful applied as a lotion.

Jervis T.—Malignant disease, particularly of the encephaloid character, may occur early in life.

Mr. W. J. N. Butler can obtain the information he requires from any respectable surgeon.

FISSURES OF THE LIP.

To the Editor of THE LANCET.

SIR,—In answer to the inquiries of "M. M. D.," as to the best treatment of fissures of the lip, I beg to say that some five years since a gentleman applied to me who had a very bad fissure of three years' standing. This was cured within a week by the simple application of a drop of strong nitric acid to the bottom of the fissure, without any other dressing. Subsequently I have treated two other cases in the same way, and with the same result.

I remain, Sir, yours truly,

September, 1864. JOHN MARCH, M.R.C.S.

INDIAN OPINIONS ON THE NEW MEDICAL WARRANT.

WE continue extracts from a mass of correspondence on this subject:—

Assistant-Surgeon, Bengal Army, remarks:—"With regard to pay, this Warrant must give great dissatisfaction. True it is that surgeons and surgeon-majors gain; but it will be a loss to those who are in charge of British regiments, as the head money, which used to amount monthly to 150 rs. and 200 rs., has been done away with. Before this scheme was published, assistant-surgeons on arriving in this country did duty with a European corps, receiving 286 rs., or if with a troop of horse artillery 395 rs. a month. After a year or so he obtained the charge of a native infantry corps, and drew 421 rs. a month. Now he will only get 317 rs. 9 as. if under, and 335 rs. 12 as. if over five years' service, thus losing 104 rs. 2 as. and 84 rs. 14 as. The greatest injustice with reference to this discontinuance of staff salary is that inflicted on assistant-surgeons of ten years' service, who, in addition to their pay of 356 rs. 10 as., were allowed the full staff salary of 300 rs., making a total of 656 rs. 10 as. Now they will only draw 451 rs. 14 as., thereby being losers of nearly 105 rs. per month. This act of Sir C. Wood's is, moreover, an infringement of the Act of Parliament, guaranteeing the old Company's officers all their rights and privileges as regards pay. While benefiting a few, I consider that, on the whole, this scheme has failed to give satisfaction to *all* members of the service, and has caused disappointment to many. I would strongly urge upon my younger medical brethren to pause before they take the bait thus warily thrown out by Sir C. Wood, and refuse to enter the service until *full* justice has been made to all its members."

Another *Assistant-Surgeon, Bengal*, writes:—"The head-money system had one advantage: when a medical officer was placed in charge of troops over and above his own, he had the satisfaction of receiving something for his trouble, however small. He is now deprived of this consolation, and may be placed in charge of half-a-dozen regiments without any increase to his pay. In paragraph 9 appears something which looks a little like liberality (on paper)—viz., the allowance of 150 rs. a month extra to assistant-surgeons while in actual charge of British regiments and brigades of artillery; but it must be understood that there are no such charges. Cases have indeed been known where assistant-surgeons have held them for a few weeks or so, but even these are rare. The only actual advantage of the present Warrant seems to lie in the increased furlough pay, which, however, could scarcely have been withheld, or doubtless it would have been. In order to allow you an opportunity of contrasting fully the rates of pay under the old and new systems, I enclose a table of the old rates as applied to regimental charges, with the staff allowances of each. The pensions allowed on retirement have not been increased, no doubt in order to hasten the dying-out process which Sir C. Wood is so anxious should overtake what remains of a once fine service. I may state that the whole of the Indian press is unanimous in condemning the measure as a most illiberal one, and one but ill calculated to increase the number of candidates for the service."

A Professor in Grant College says:—"The injustice inflicted on the medical service, in comparison with the military, by the abolition of staff allowances has been properly brought out in an article in the *Delhi Gazette*, which I send you. But there is another point from which this change may be viewed. By reducing the pay of all of the same rank to an equality, however employed, or whether employed at all or not, every stimulus to exertion, beyond the barest sense of duty, is removed. So long as an officer keeps himself from being cashiered, he has little to gain from the approval, and less to fear from the displeasure of his superiors. This is favourable, it is true, to the *vrais fainéants*, the 'bad bargains' of the service; but it is not easy to see how it can conduce to efficiency or to discipline. The nominal increase to the pay of assistant-surgeons looks too like a mere bid for applicants to be hailed with great rejoicings by the present members; besides that it is shown in the *Gazette* to be quite illusory. After six years' deliberation, the service had a right to expect that the scheme, in fully recognising the true position of the service, would have shown some impress of a liberal cast of thought and of real statesmanship. Taken as a whole, it is grudging, pettifogging, and fallacious."

A Staff Assistant-Surgeon, Madras Army, remarks:—"In common with a large number of my medical friends in India, I have watched with much interest your disinterested advocacy of the claims of military surgeons to fair and liberal treatment at the hands of the War Office authorities. ..... The despatch, however, is so ingeniously worded that, instead of the new regulations being a boon to the great bulk of the Indian medical officers, they are only calculated to produce disgust and annoyance. The pay of rank is withheld from all who hold staff or civil appointments, under the plea that their *bonne bouche* is to follow at some indefinite period. My own case may be taken as a fair sample of the mode Sir C. Wood has chosen to adopt regarding the Indian medical service. I hold an important staff appointment, having been selected for the duties many years ago. For the duties of my office I am paid the military allowances of my rank and a fixed staff salary. The new rules say that, as the combined allowance is more than the aggregate of the pay allowed to officers of my rank under the new scale, I cannot avail myself of the increase without the amount being deducted from my staff salary. It seems to be of no use to argue that staff salaries are given for special work, and that there is no precedent for the reduction of allowances of present incumbents, whatever rules may be framed for successors. Sir C. Wood's *ipse dixit* is the law, and the great bulk of the Indian medical service must grin and bear the injustice until it shall please his high mightiness to forward that other despatch, for which we have been waiting upwards of four years and a half. A knowledge of this fact may possibly cause young gentlemen to think twice before they offer their services to the army medical department."

X. says:—"Your powerful aid is again needed for the officers of the Indian medical service. By the new Warrant our head money and staff allowances are to be withdrawn, and a rate of pay substituted. This rate of pay is so small that an assistant-surgeon of ten years' service in medical charge of a native regiment will draw monthly 410 rs. 9 a. 5 p. on half batta, and 451 rs. 14 as. 5 p. on full batta; whereas under the old system his pay and allowances would be 536 rs. 10 as.! This one instance is sufficient to record at present. Again, that most iniquitous system called 'batta' is still continued, but with what object none can tell; by it an officer at the Presidency, or within 200 miles thereof, is mulcted a large sum, although it is well known that the nearer the Presidency the greater are the expenses of living. It is to be hoped that this chicanery on the part of Sir C. Wood will not entrap any of the younger members of our profession, who, anticipating an increased rate of pay, should not overlook the serious loss we have sustained by the withdrawal of all allowances."

M. D. (India) writes:—"Your generous and consistent support of the army surgeons entitles you to their warmest gratitude. I am an assistant-surgeon of six years' service, and in four years more I should have been entitled, under the old rules, to pay and allowances amounting to 525 rs. a month. By the new Warrant, so long as I am an assistant-surgeon, my pay cannot exceed 410 rs. per mensem. In plain terms, I am done out of £138 a year by the new Warrant. I cannot reasonably hope to be promoted for eleven or twelve years to come; and as I am a married man, with a family, and cannot afford to leave the service, I have no resource but to struggle on as best I may, with an income barely sufficient in this country to procure the merest necessaries of life. If you will kindly publish my letter, I trust it may have the effect of deterring some of my younger brethren from entering a service where they will invariably find themselves treated with little consideration; and although our combatant brethren are generally disposed to treat us quite as gentlemen and equals, they cannot altogether avoid showing that they are influenced by the openly expressed contempt and want of courtesy which we receive from the higher authorities. Of course my remarks apply only to well-educated gentlemen, and not to the class of broken-down practitioners whose services the head of the department is at present so anxious to avail himself of."

Query.—No doubt either might be employed; but the presence of the bitter principle in both the acorn and horse-chestnut would greatly limit the application suggested of these feculaceous fruits.

ACCIDENTAL POISONING.

To the Editor of THE LANCET.

SIR,—I can verify the success which attends the plan mentioned by Mr. Prosser for the prevention of accidental poisoning—namely, to put the label transversely (the ordinary method) on those bottles containing medicines for internal administration, and *longitudinally* on those bottles containing poisonous applications. Having ordered the adoption of this caution in the surgery for the last few years, I believe I have effectually guarded against all accidents of this unfortunate character.

I remain, Sir, yours faithfully,

September, 1864. CHARLES MARRIOTT.

To the Editor of THE LANCET.

SIR,—Mr. Prosser's suggestion, though well intentioned, is, I think, far from being one which it is advisable to follow. In the first place, it is not very likely that all patients would remember which mode of applying the label indicated danger; for there is always a certain per-centage of muddle-headed people who will persist in making blunders if possible. Then, Sir, suppose Mr. Prosser himself, once in a way, puts the label on in the wrong direction,—a thing very easy to be done in a hurry,—and an accident results, the blame would be removed from the shoulders of the attendant to his own. There would thus be a double source of error to guard against—viz., the kind of label, and its direction on the bottle. Again, if one of Mr. Prosser's patients were to come under other care,—my own, for instance,—he would often find the mode of applying the label exactly reversed. It is not difficult to foresee the result.

While agreeing in the necessity for great care in these matters, I think we ought to guard against increasing our own responsibilities, which are already sufficiently pressing. If label manufacturers would print all labels having reference to *external or poisonous applications on coloured paper*, we should have much fewer cases of accidental poisoning than we now have.

I remain, Sir, yours truly,

Lynn, September, 1864. M.D.

THE UMBILICAL CORD.

To the Editor of THE LANCET.

SIR,—On May 27th I attended (for Mr. Mitchell) a Mrs. L——, of this town, in her confinement. She had been in labour ten or eleven hours when I got there. The liquor amnii was discharged soon after my arrival, and the child's head expelled in about twenty minutes after. To my surprise, I immediately found that the funis was wrapped round the child's neck *three* times. As quickly as possible I slipped each fold over the head, and the remainder of the child was born. On examining its neck, I saw three distinct red marks where the cord had compressed the parts. There were scarcely any symptoms of asphyxia, which there would undoubtedly have been had the constriction not been removed instanter. I measured the funis, and found that it was thirty-seven inches in length.

Not having before met with a similar case, and knowing that they do occur, I should like to know the result of the experience of some of your correspondents as to how often it happens statistically.

I am, Sir, yours, &c.,

Barrow-in-Furness, August, 1864. D. J.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Maunder; Dr. J. C. Thorowgood; Dr. Hunter, Manchester; Dr. Arnott, Cheltenham; Mr. Carter, Stroud; Mr. Tomlinson; Dr. Gairdner, Edinburgh; Mr. Griffin, Weymouth; Mr. Foster, Hitchin; Messrs. Dixon and Calvert, Nottingham; Dr. Snape; Dr. Lost; Mr. Carre (with enclosure); Mr. Butler, Manchester; Mr. Hosking; Mr. Fletcher; Dr. Davies, Carnarvon; Mr. Burgess, Bristol; Mr. Armstrong, Liverpool; Dr. J. Green, Cawood; Dr. Metcalfe, Geneva; Mr. Jennings (with enclosure); Mr. Evans, Bakewell; Mr. Storrey, Dublin; Mr. Freeman, Coleford; Mr. Wemyss, St. Andrews; Mr. Negus; Mr. Bowman, Douglas; Dr. Ritchie, Edinburgh; Mr. Gallagher; Dr. Jamieson; Dr. L. London, Philadelphia; Mr. Ledgard, Wetherby (with enclosure); Mr. Jackson (with enclosure); Mr. Kettle, Birmingham; Mr. R. Corbett; Mr. Gregg, Wellington; Mr. J. Davies, Dinas; Mr. Date, Ilkeston; Mr. R. Spence; Mr. Howard; Dr. Wynter, Winslow (with enclosure); Mr. Oliver; Mr. Threadgale; Mr. Greensell; Mr. Trubshaw, Stafford; Mr. R. Coates; Mr. Gornall, Preston; Mr. Trotter; Mr. Pitt; Mr. Nicholson (with enclosure); Mr. Ludlow, Hertford; Mr. Solomon, Birmingham; Mr. Blackburn; Dr. Miles, Gillingham (with enclosure); Mr. Hunt (with enclosure); Mr. Morris, Carnarvon; Dr. Struthers; Mr. March; Chirurgus (with enclosure); J. E. K. (with enclosure); J. E. B.; Medicus (with enclosure); M.D., India; Hepatica, India; M.D.; A Subscriber ab Initio; C. T.; One who Passed; A Sixteen Years' Assistant-Surgeon; Spero Meliora; Qualified, not Registered; Jehan-i-Gureeb; Josephus; &c. &c.

THE *Liverpool Daily Post*, the *Birmingham Daily Gazette*, the *Huddersfield Examiner*, the *Shepton Mallet Journal*, the *Calcutta Englishman*, the *Delhi Gazette*, the *Bengal Hurkaru*, and the *Times of India* have been received.

BLOCKEY'S LONDON STOUT.

NOURISHING LONDON STOUT.

DR. HASSALL'S REPORT:—

"I have carefully analyzed Blockey's well-known Stout, as obtained from 21, Duke-street, St. James's, and find it to be a genuine, most wholesome, and highly nourishing beverage, less heavy and consequently more digestible than London Stout in general.—Signed, ARTHUR HILL HASSALL, M.D. London, Analyst of THE LANCET Sanitary Commission."

Casks of 4½, 6, 9, and 18 gallons, at 1s. 8d. per gallon; 3s. per dozen pints; 5s. quarts.—RAGGETT, late Blockey, 21, Duke-st., St. James's. Established 100 years.

Old Marsala Wine, guaranteed the

finest imported; free from acidity, and superior to low-priced Sherry. One Guinea per Dozen; 3 Dozen and upwards Carriage free; Hamper and Bottles, 2s. 6d. per Dozen, same amount allowed when returned.

W. D. WATSON, Wine Merchant, 73, Great Russell-street, corner Bloomsbury-square, London, W.C.—Established 1841.

Country orders must contain a remittance.—Terms Cash only.

The Natural Wines of France.—

The lowest-priced CLARET in J. CAMPBELL'S extensive stock of French Wines is the Vin de Bordeaux, at 20s. per dozen (bottles and cases included). Although such a moderate price, it will be found an excellent wine, and greatly improves by being in bottle two or three years. J. C. confidently recommends it to claret drinkers. Note—The clarets of the celebrated 1858 vintage (bottled in March, 1861) are now in fine condition. Prices, 36s., 42s., 48s., &c., per dozen. Remittances or town references should be addressed James Campbell, No. 158, Regent-street.

WINES OF FRANCE, SPAIN, &c.

Hedges & Butler solicit attention

to their pure

ST. JULIEN CLARET,

at 20s., 24s., 30s., and 36s. per dozen; La Rose, 42s.; Latour, 54s.; MARGAUX, 60s., 72s.; Chateau, Lafitte, 72s., 84s., 96s.; superior Beaujolais, 24s.; Macon, 30s., 36s.; choice Burgundy, 48s., 60s., 72s., 84s.; pure Chablis, 30s., 36s., 42s.; Sauterne, 48s., 72s.; Roussillon, 36s.; ditto, old in bottle, 42s.; sparkling Champaign, 42s., 48s., 60s., 66s., 78s.

SUPERIOR GOLDEN SHERRY,

of soft and full flavour, highly recommended, at 36s. per dozen. Good Dinner Sherry, 24s., 30s.; high-class Pale, Golden, or Brown Sherry, 42s., 48s. Port from first-class Shippers, 36s., 42s., 48s., 60s. Hock and Moselle, 36s., 42s., 48s., 60s., to 120s.; sparkling Hock and Moselle, 60s., 66s., 78s. Fine Old Sack, rare White Port, Imperial Tokay, Malmsey, Frontignac, Constantia, Vermuth, and other rare Wines. Fine Old Pale Cognac Brandy, 60s. and 72s. per dozen.

On receipt of post-office order or reference, any quantity, with priced list of all other Wines, will be forwarded immediately by HEDGES & BUTLER, 155, Regent-st., London, W.; and 30, King's-road, Brighton.—Originally established A.D. 1667.

Patent Portable Iron Wine-Bins,

open, folding, and locking-up, from 15s. per 100 bottles, and 25s. per 200 bottles, &c.

Agents, E. GALLAIS & CO., Importers of Wines and Brandies, 27, Margaret-street, W.

FIRST MANUFACTURED 1742

OR MORE THAN

ONE HUNDRED & TWENTY YEARS.

The attention of the public and of the medical profession is called to this *facsimile* of a label placed on the top of all canisters of KEEN'S GENUINE MUSTARD, which can be purchased of most Family Grocers.

KEEN, ROBINSON, BELLVILLE, & Co., LONDON.

Dotesio's Depôt, exclusively for the

SALE of the fine BORDEAUX, Burgundies, Champagnes, and Cognacs of France, in their pure natural state. Bordeaux, 18s.; Chablis, 24s.; Medoc, 24s.; Grave, 24s. per dozen. To be tasted, and price-list of all other Wines had, on application at the Depôt, 95, Regent-street Quadrant.

Foreign Wines of the best Vintages,

carefully selected for quality and purity.

Port and Sherry, from 20s. | Fine old Marsala, from 20s.
Claret & Burgundy, from 16s. | Hock, from 30s. | Sparkling Wines, from 27s.
Old Vintage Wines of every class.—Price Lists on application.
Martell's, Faure's, Riviere's, and other Brandies.
Bottles and Cases not charged for. Four dozen carriage free.

INGRAM AND CO., Importers, 35, Bucklersbury, London, E.C.

Thos. Nunn and Sons, Wine, Spirit,

and LIQUEUR MERCHANTS, 21, Lamb's Conduit-street, call attention to their varied and extensive stock of SHERRIES (Pemartin's shipping):—Good sound Dinner Wine, 20s. and 32s. per dozen; Superior, 36s., 42s., 48s., and 52s.; Amontillado, 52s., 58s., and 64s. They also hold a choice stock of Old PORT WINE (chiefly Sandeman's shipping):—Well-matured Wines, 32s. and 36s.; ditto, with more age, 42s., 48s., and 54s.; 7 to 10 years in bottle, 60s., 66s., 72s., and 84s. CLARETS: good sound Bordeaux, 18s.; superior, 24s.; higher class, 32s. to 36s.; first growths, 56s. to 120s.; these are shipped by J. Violett and Co., Bordeaux. Rail paid to any station in England.

Established 1801.—Priced Lists on application.

Foreign Vineyard Association,

Limited. Registered in May, 1854. Formed for the supply of pure Wines to Clubs, Public Establishments, and Private Families, at lowest prices.

Sherries, at 24s., 28s., 30s., 36s., 42s., 48s., 52s., and upwards. Ports from wood, 32s., 36s.; crusted, 42s., 48s., 54s., and upwards. Champagnes: Epernay, 30s.; Imperial Sillery, 48s. and 54s.; E. Cliquot's, Moet's, Mumm's, Giesler's, and others, 60s. Clarets: Medoc, 18s. and 20s.; fine Dinner, from 24s. to 36s. Clarets: Dessert Wines, 42s., 48s., and upwards. All other French or German Wines in proportion. For Price Lists and Samples apply to Mr. W. H. PALMER, Manager, 190, Regent-street, W.

TONIC BITTERS.

Waters' Quinine Wine, the most

palatable and wholesome Bitter in existence;

An efficient Tonic, an unequalled Stomachic, and a gentle Stimulant.

Sold by Grocers, Italian Warehousemen, and others, at 30s. a dozen.

Manufactured by ROBERT WATERS, 2, Martin's-lane, Cannon-st., London.

Wholesale Agents, E. Lewis and Co., Worcester.

Kinahan's LL Whisky

v. COGNAC BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d., at the retail houses in London; by the agents in the principal towns in England; or wholesale, at 8, Great Windmill-street, W. Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

Allsopp's Pale or Bitter Ale.—

Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the MARCH BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

LONDON	At 61, King William-street, City.
BRIGHTON	At 6, Marine-parade.
LIVERPOOL	At Cook-street.
MANCHESTER	At Ducie-place.
DUDLEY	At Burnt Tree.
EDINBURGH	At Union-street-lane.
GLASGOW	At 115, St. Vincent-street.
DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON	At Exchange-street.
WORCESTER	At the Cross.
SOUTH WALES	At 13, King-street, Bristol.

Messrs. ALLSOPP and SONS take the opportunity of announcing to Private Families that their ALES, so strongly recommended by the Medical Profession, may be procured, in Draught and Bottles, Genuine from all the most respectable Wine and Beer Merchants and Licensed Victuallers on "Allsopp's Pale Ale" being specially asked for.

Nye & Co.'s Small Mincer

for the DINNER TABLE. For mincing the Food of invalids, aged persons, and sufferers from weak digestion. Price 30s. MACHINES for Lunatic Asylums, Hospitals, and other large establishments, effectually mincing meat and vegetables, for soups, &c., forced and potted meats, and for making sausages, cutting, mixing, and filling the skins at the same time. Price 30s., 42s., 63s., & £7 7s. *First-class Medal awarded. Paris*, 1855. Improved Mills for Coffee, Spice, &c.—Manufactory, 373, Oxford-st., & 79, Wardour-st., Soho, W.